MOVING TO MY HEALTHY PLACE: ON THE PATH OF HEALTH, HOPE AND HEALING

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A DEMONSTRATION PROJECT

Submitted to
New York Theological Seminary

In partial fulfillment of the requirements
for the degree of

DOCTOR OF MINISTRY

New York, NY

2009

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CHAPTER I: INTRODUCTION TO THE SETTING

Church's History

Destiny Deliverance Ministries is a nontraditional body of believers in Christ, with a mandate to evangelize from generation to generation through the preaching and teaching of the Kingdom of God. The vision of the ministry is to manifest the Kingdom of God through economic and educational empowerment as well as health promotion of the Church members and its community.

Destiny Deliverance Ministries is an independent Pentecostal church, located in the heart of Brooklyn, New York. The ministry was pioneered by me, Francis D. Henry, and my wife Sandra, on the first Sunday in January of 1999. The church first started with weekly prayer meetings. We would hold Wednesday night prayer meetings at our place of residence. Prayer meetings were also held in the homes of other believers and those who had requested to have prayer meetings held in their homes.

The first official worship service was held in my living room. There were a total of twelve worshippers present at that service, eight adults and four children. Worship services were initially held twice on Sundays and Wednesday nights. The Sunday morning service was the usual Sunday morning worship service. This service is called "The Believer's Building Hour." Sunday night worship we call "The Evangelistic Service." The Sunday night service was geared to promoting spiritual training for the believers. The believers were taught how to study their Bible, pray, and testify to the

work of God's grace in their lives. Wednesday night services were used for prayer and Bible study.

During the first five months, while using my home as a makeshift sanctuary, we experienced the presence and anointing of God. We all agreed that the place was small, but God's spirit was truly present. In June of 1999, the church expanded into the community and held our first worship service at a storefront located at 659 Blake Avenue, in the East New York/Brownsville section of Brooklyn. On August 21 of the same year was the grand opening ceremony of the church, which was a tremendous blessing. Since the inception of the ministry, the consensus of the congregation is that they have been immensely blessed by God. Every member has a personal testimony of the blessings and favor of God in and through their lives because of the ministry.

The church has approximately 60 members, all of which are either first or second generation Jamaican ancestry. There are members of all ages, ranging from newborn to 96 years old. There is a great deal of diversity in the education level of the members. There are members who are highly educated with master's degrees, as well as members with very little formal education.

I, the visionary of the Destiny Deliverance Ministries, am a native of Jamaica, where I was brought up in the Catholic faith. In July 1990 I became a born again Christian and later experienced what Pentecostals call being filled with the Holy Spirit with the evidence of speaking in tongues. It was during the first months after becoming born again that I experienced God's call on my life. Despite the fact that I was a new convert, I was certain I was being called to serve in the capacity as a Minister. During this period, which I call the "initial Call," I had a certain degree of fear, especially when I considered the awesome responsibilities ministry demands. Nevertheless, despite my

fears, I still proceeded in doing what I though the Lord was call me to do. In October 1998 I was ordained as a Minister of Religion at the Evangelical Holiness Church in Far Rockaway, New York, by pastor Rev. Clifton Mullings. In January of the following year my wife and I founded the Destiny Deliverance Ministries.

In addition to my commitment to the ministry, I also realize my covenantal responsibilities to my wife and children. Sandra, my wife of fifteen years and I have produced two children, Imani, 9, and Ayanna, 7. Sandra has also answered the Call of God on her own life and has committed her service to the ministry, along with being a wonderful wife and mother. She has had very bold academic aspirations, earning an undergraduate degree in Psychology, a Masters of Divinity degree from New York Theology Seminary, and a Masters of Social Work from Fordham University.

We at Destiny Deliverance Ministries pride ourselves in our connection with Bishop Eddie L. Long, head of B.E.L.L. Ministries and Senior Pastor of New Birth Missionary Baptist Church in Lithonia, a suburb of Atlanta, Georgia. In February of 2000, I submitted myself to the spiritual leadership of Bishop Long and became a member of Father's House, an arm of B.E.L.L Ministries. We also pattern a lot of our constitution and by-laws on those of New Birth Missionary Baptist Church.

On Friday the 13th of April, 2007, tragedy struck when the building which housed our church experienced a fire. Although there was no fire damage to the sanctuary, the church was destroyed by the water used to put out the fire. Worst of all, a young man I knew very well perished in the flames. Obviously, this event was devastating to the entire congregation. With no place to worship we had to resort to worshiping in our homes for a time, just as we did at the inception of our ministry.

We are presently sharing space with another congregation at 256 Hertzl Street, just a few blocks from our original location on Blake Avenue. We not only share space with this church, but we also worship together. The church we are worshiping with is called the United Faith Evangelistic Ministry, and was founded by Rev. Lynnette Howard, whom I have known for many years. Her ministry is similar to ours in many ways. We are both Pentecostal and our congregations are predominantly made up of people of Jamaican ancestry. This has made the transition very easy. It's unclear how long our congregations will be together, but it probably will be at least for the next two years.

As Jamaican immigrants, the church members constantly work to support family members and friends who are back home in Jamaica. Likewise, the church currently supports two churches and two schools on the island of Jamaica. We support these two churches by shipping barrels of clothing and food items to them every year. The people receiving the clothing are very appreciative of the support they receive from us.

In addition, the church supports one Jamaican school by funding its free breakfast program. The school is located in an extremely poor and rural part of the island, in the same community as one of the two churches we support, so the children living there also benefit from some of the clothing we send.

The other school we are supporting, although located in the city of Kingston, is in a community plagued by extreme poverty. We support this school by sending a shipment of school supplies for its teachers and students each August.

Recently our support has expanded to include the continent of Africa. We, the members of Destiny, are in a covenantal relationship with a pastor and his church in Lagos, Nigeria. We support his ministry on a monthly basis by sending money to aid in

their outreach ministries. This money is spent particularly in doing outreach in the extremely rural parts of Nigeria. We consider it to be a tremendous blessing to lend our support to our brothers and sisters in Jamaica and Nigeria.

Geographic Location

Destiny Deliverance Ministries is still located in East New York section of Brooklyn. Decades ago, East New York was known for its depravity. It was a community which consisted of mostly burnt out buildings of the 1970s. Many of these buildings were set on fire by unscrupulous landlords to receive money from their insurance companies. At that time, drugs had devastated the community, leaving many of its residents hooked on drugs. Crack cocaine left the neighborhood in ruins, with many of its residents, predominantly Blacks and Latinos, walking around like zombies.

East New York has changed since the 1970s and 1980s. There are still residual problems, but things have gotten much better. The burnt-out buildings have since being demolished and replaced with new one- and two-family houses. Drugs are still being sold, and people are still getting caught up in drug addiction; nevertheless drugs are not as prevalent as they were in the 70s, 80s and even the 90s.

The community consists mostly of Blacks and Latinos. Those of African ancestry are made up of African-Americans, and Afro-Caribbean, predominantly from Jamaica, Trinidad, Barbados, Haiti, and other Caribbean Islands. The Hispanic part of the community is made up of mostly people from Puerto Rico, Dominican Republic and Central and South American countries.

We serve in a community whose residents are poor. Statistically, East New York/Brownsville is considered one of the most economically poor communities in the

City of New York. Although there are households in which there are people making $100,000 or more, they are a small minority. The majority of households make less than $20,000 annually. The largest group makes less than $10,000 per year.[1]

Poverty in this community has led to many problems: few educational opportunities, high unemployment, a high crime rate and high rates of chronic disease.[2] These in turn have all led to high rates of individuals on public assistance, teenage pregnancies, single parent households, and lack of opportunities such as access to jobs and finance to start new businesses.[3]

As of the 2006 census there are 8.2 million people living in the city of New York. Of that, approximately 2.5 million live in the borough of Brooklyn, with 161,000 in the neighborhood of East New York. This means that for every 51 persons living in New York City, one of them lives in East New York, and for every 15.3 persons residing in the borough of Brooklyn one of them resides in East New York. Thus East New York is one of the most populated neighborhoods in the city of New York.

There are 449,098 persons between the ages 18 and 35 attending college in New York City, 130,702 of those live in Brooklyn. But only 3,172 of these college students live in East New York. Worst yet, of those 3, 172 college or graduate school students in East New York 2,027 are female, almost twice the number of males. 18,818 of East New York residents age 18 to 35 do not attend college or graduate school. Thus, for every one person who attends college or graduate school in East New York, six do not.

[1] "Infoshare," http://www.infoshare.org/ (January 17, 2009).
[2] "New York City Department of Health and Mental Hygiene," http://www.nyc.gov /html/doh/html/community/community.shtml, (January17, 2009).
[3] http://www.infoshare.org/ (January 17, 2009).

Focus Situation

As a congregation, we are faced with many challenges, and for me, the most serious is the assault on our physical health. Through my observations within my own church community, I have become cognizant of the high rate of chronic illnesses in the church and our community at large. Statistically, rates of cancer in the United States have gone down in the larger society.[4] However, in my community, I have observed the opposite. In fact, I have seen a considerable increase in new cancer cases and cancer deaths. This problem is not only about cancer, but other chronic diseases such as diabetes, hypertension, and heart disease, just to name a few**.** A report by the Institute of Medicine (IOM) indicates that poverty, low-end insurance plans and lack of access to quality care are contributing factors to the health crisis in Black America. The report also states that poorer health status was found even when Blacks' income, age, medical condition and insurance coverage were similar to that of whites**.**[5]

Chronic illnesses among our members affect them in many ways. Economically, their work and income potential is greatly compromised. This contributes to family and caregivers being stressed. The family is left psychologically, emotionally and spiritually drained. Ultimately, this leads to a decrease in church attendance and involvement. They might say, "Pastor, I would come to church, but I am just so sick. Pastor, pray for me," I pray for them, but this leads me to ask questions of the Biblical text. In the Bible, there are many promises, as we refer to them in my community. One of these promises has to do with the health of our bodies. We quote the verse "by His stripes we are healed," but

[4]"The American Cancer Society." http://www.cancer.org (January 30, 2009).
[5]"TheAmericanCancerSociety." http://www.cancer.org/docroot/SPC/content/SPC_1_African_American_Cancer (January 30, 2009).

we seem to be sicker than everyone else. Our challenge is to make the Bible come alive and be a reality in our lives.

My reading of Church history uncovers a Church that had a strong healing ministry. Believers would literally rescue the sick and dying who were abandoned on the street sides by their family members. The believers would save these abandoned people by bringing them into the community and restoring them to health and life. The church as a hospital was birthed through these believer's actions. Thus, central to their faith was the act of restoration. This restoration ministry is a part of our spiritual DNA. My desire is to resurrect this ministry and make it a viable part of the ministry of the Destiny Deliverance Ministries and its community.

CHALLENGE STATEMENT

The Destiny Deliverance Ministries is an independent Pentecostal church of first and second generation Caribbean immigrants located in East New York, Brooklyn. There is a high rate of illness among the members of my church and community. This project will develop a church based, holistic health support group that will address the physical health needs of the church and its community; while at the same time fostering a more spiritual relationship with God.

Preliminary Analysis

After considering many possible subjects, my site team and I chose to concentrate on the many health problems facing our church and its community. So many family members have been devastated by losing loved ones, often prematurely, to an often preventable disease. We decided that addressing these health issues would be the best and most urgent problem to concentrate on for the demonstration project.

The purpose of the church is to be the healing center for the community, but instead is in need of healing. Historically, the believers of the early church would rescue people who were abandoned by their families, and left for dead. They would literally restore these abandoned people to life through their healing ministry. It is time for the twenty-first century church to reclaim the healing ministry of God's hand; a hand stretched out to each other and the community in healing.

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> Despite the heavy emphasis on genetic ailments among blacks, fewer than 0.5% of black deaths – that's less than one death in two hundred – can be attributed to a hereditary disorder such as sickle-cell anemia. A close look at the troubling numbers reveals that blacks are dying not of exotic incurable, poorly understood illness, not of generic diseases that target only them, but rather from common ailments that are more often prevented and treated among whites than among blacks.[….]
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> Three times as many African-Americans were diagnosed with diabetes in 1993 as in 1963. This rate is nearly twice that of white Americans and is sorely underestimated. A black woman is 2.2 times as likely as a white woman to die of breast cancer. Although considered to be a disease that affects middle aged white men, heart disease kills 50% more African-Americans than white. African-Americans are more likely to develop serious liver ailment such as hepatitis C, the chief cause of liver transplant. HIV and AIDS kill blacks at much higher rates than whites.[6]

These statistics show that not only are Blacks more likely to contract these diseases, but that the problem seems to worsen over time.

[6] Harriet A. Washington, *Medical Apartheid: The Dark History of Medical Experiment on Black Americans from Colonial Times to the Present* (New York: Doubleday, 2006), 4.

Mental ailments are destroying Blacks as well. According to Washington, "Black women suffer the highest rate of stress and major depression in the nation and suicide rates soar 200 percent among young black men within just 20 years."[7] In an article entitled "How Racism Hurts Literally" Madeline Drexler describes research that was done in 2003 on the links between social stress and the increased probability of heart disease and strokes. Drexler writes, "Black women who point to racism as a source of stress in their lives, the researchers found, developed more plaque in their carotid arteries and early sign of heart disease than women who didn't."[8]

According to Drexler, there is a growing field of research documenting the negative effects of racial discrimination on one's physical health. Interestingly enough, this phenomenon is not isolated to the United States. Drexler speaks about similar research being done in countries such as Finland, Ireland, South Africa, New Zealand, Brazil, and the Netherlands, documenting the relationship of bigotry against the Blacks or the underclass, and a higher rate of death and disease among the discriminated population. This for me is a major public health crisis which the Church must address and be a part of its solution.

Since God's people are destroyed for a lack of knowledge, our project was intended to bring valuable health information to the church community. The site team and I planned to empower the community in taking better care of their bodies, which we believe to be the temple of God. The goal of our project was to enter into a journey of health transformation with at least 15 members of our congregation. We had intended to have these 15 persons participate in a program of holistic health transformation.

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[7] Ibid, 4.

[8] Madeline, Drexler. "How Racism hurts literally," The *Boston Globe* on the web, July 15, 2007. http://www.boston.com/news/education/higher/articles/2007/07/15/how racism hurts literally/> (13 November, 2007).

I expected those involved to make conscious changes within their lives. For example, knowing the benefits of exercise, we wanted to incorporate an exercise program. We also wanted to include changes in the choices of the food we eat. Stress can kill, so a part of our project was also to give information on how we could reduce stress in our lives. Thus, we purposed to give some practical techniques on how to empower the participants to live a more health conscious life.

In addressing this issue we intended to tap into the human resources that are available to us both in the church and the community. I was privileged to have met Pat Duncanson, a clinical nutritionist who teaches what she calls "Biblical nutrition." She agreed to help us formulate the health support group in the church as well as assist in teaching the subject matter. We also wanted to seek out the help of other medical practitioners as well as individuals who do work in stress reduction and exercise physiology. With the aide of these practitioners, we would be able to create a program to address some of the chronic health issues within the congregation and the community.

The Church is an ideal place to address this issue and all other issues in the Black community because of the strong role it plays in the community. The Church has access to the ear of the community, and the pastor has a lot of influence over the church community. What better way to bring awareness to a problem but through pastors speaking about it in his or her sermons? Also, by partnering with community health organizations, pastors can bring about a lot of positive changes.

In addressing the problem of sickness and disease in the church where I serve as Pastor I see myself as a facilitator of health and wellness. To accomplish this, it is necessary to bridge the divide between the spiritual and the physical. Many Christians believe that salvation affects only the person's spirit, and that a person's body is like a

suit which one wears just for living in the earth realm. But our bodies serve a much more important purpose. As we read "Or do you not know that your body is a temple of the Holy Spirit within you, which is of God, and that you are not your own?"[9] (1 Cor 6: 19) Rev. Edwin H. Hamilton, who is a Doctor of Ministry as well as a medical doctor, states,

> The body as we think of it is more than two hundred and sixty bones, sixty trillion cells, muscles, nerves, skin, and chemicals-water, salt, etcetera. In addition to these components, the body has a mind and a spirit; therefore, one must view it holistically. This means the holistic concept, is the body, mind and spirit.[10]

I knew that for this project to be a success, it was important for the parishioners to recognize that salvation encompasses not only the saving of one's spirit and soul but also the saying of the body.

As a member of the Black community and church for all my life, I have a very good working knowledge of its theology. A prevailing component of the theology expounded in the Black church is about going to heaven. The theology is one of comfort. Many Black people in this country, because they have experienced such brutal oppression, anticipate a day freed from such tyranny. To some, focusing on a better day in the future through this theology of comfort is a way to escape the social ills we are experiencing. In doing this they ignore other biblical teachings that could help us to improve our present day situations, such as caring for our bodies.

For me and others in the Black community, this approach to ministry is a mistake. Rev. Hamilton sees the importance of health and wellness ministry in the African American Church. He writes, "The Black Church was known to place very little

[9] All Bible text in quoted from the NRSV unless otherwise stated.

[10] Edwin H. Hamilton *The Health, and Wellness Ministry in the African American Church Preventive Health Education*. (Longwood, Florida: Xulon Press, 2004), 59.

emphasis on health promotion, especially Preventive Health Education."[11] He sees both the minister and the physician as partners with God bringing about healing in the black community.

There are some ingrained habits in the Black Community that contribute to its health problems. High calorie, low nutrient food is consumed at a very high rate in the community. Products containing white flour and sugar, as well as deep fried meat products, are among the favorite foods eaten in the community. For example, they eat a lot of fried chicken, and excess amounts of red and fatty meats like oxtails and pork. These foods are easily accessible and sometimes very inexpensive. The habitual consumption of these types of foods and lack of exercise are among the reasons why the Black Church and its community are having these health challenges.

The challenge for the Black Church is to cultivate an environment that promotes a holistic health transformation. This we are doing through developing support groups that encourage health transformation. Psychiatrist and holistic health practitioner James S. Gordon, M.D writes, "We are social creatures, sustained by support from our fellows, and devastated, biologically, as well as psychologically, when that support is suddenly withdrawn or is chronically absent."[12] Basically, Dr. Gordon is saying that we need each other. The church must adopt a supportive posture in its approach to health and wellness. For Dr. Gordon and other researchers, if we have a supportive group approach to addressing health issues; it improves outcomes for those experiencing chronic sicknesses. This is the approach we took in implementing this project.

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[11] Ibid, 41.

[12] James S. Gordon, *Manifesto for a New Medicine: Your Guide to Healing Partnership and the Wise Use of Alternative Therapies* (Reading, Massachusetts: Addison-Wesley Publishing Company, Inc, 1996), 205.

CHAPTER 2: The Need for a Body

There are approximately 6.7 billion people on planet earth today. These people are of many shapes, sizes, colors and ethnicities. With anywhere from 50-75 trillion cells comprising our skeletal, digestive, muscular, lymphatic, endocrine, nervous, cardiovascular, reproductive and urinary systems, the human body is by far the most complex mechanism on the face of the earth. Scientific research continues to boggle the mind as we uncover the intricacy called the human body.

We have answers to many of the questions pertaining to the physical makeup of the human body, but there are still many questions left unanswered. We know the "what" of the body, but we are still grappling with the questions of the "why" of the body. Questions like: who are humans? Who created humans? Why were humans created? Where do humans come from? Where are humans going? Simply put, what is the purpose of the human body? If we don't know the purpose of a thing, our ignorance will cause us to abuse it. If we don't know the true purpose of our bodies, we are bound to abuse it.

The Bible reveals in the first creation story that God created humankind to represent, resemble and model God on the earth. The God who had no form was given form in human beings. Thus humankind was made in the divine image of God. This gave birth to the Christian theological formula "image of God" (*imago Dei*.) The text reads:

> Then God said, "Let us make humankind in our image, according to our likeness; and let them have dominion over the fish of the sea, and over the birds of the air, and over the cattle, and over all the wild animals of the earth, and over every creeping thing that creeps upon the earth." So God created humankind in His image, in the image of God He created them; male and female He created them (Gen 1:26-27).

This text reveals that humankind is fashioned to be the manifestation of God. God is Spirit (John 4:24), which means that God has no form. God has no tangibility, thus God made humankind to manifest God's self to the physical world.

The second creation story is more explicit in its portrayal of the relationship of God and humankind. It reads, "Then the Lord God formed man from the dust of the ground, and breathed into his nostrils the breath of life; and the man became a living being (Gen 2:7)." The text depicts humankind and their relationship to the ground from which they are formed. It also contradicts the philosophy that body and soul are separate; to the contrary, God blew or inspired the dust with God's own self and the dust was stirred to life. The body of Adam was able to interact with the physical surrounding, thus gaining consciousness, and a union between the physiology of the body and the *pneuma* (the Spirit of God) was realized.

The concept of *pneuma* within the human body was widely held by most first century medical theorists. According to author Dale B. Martin, "the body was able to see, hear, and feel due to the presence of the stuff of *pneuma* carried throughout the body by means of veins arteries, or perhaps (in the opinion of some) nerves….Plato completely accepts these views, explaining that the *pneuma* 'does not occupy any place by itself alone without the blood but is carried along and mixed together with the blood.'"[13] The blood is then a carrier of the life force that it depends upon for its sustenance. Humans are

[13] Dale B. Martin, *The Corinthian Body* (New Haven, Connecticut: Yale University Press, 1995), 13.

then carriers of God. The presence of God is wrapped up in flesh and bone with blood vessels running through it.

To these first century thinkers, the human body was a replica of the universe. Martin writes, "In the ancient world, the human body was not *like* a microcosm of the universe; it *was* a microcosm- a small version of the universe at large."[14] They believed that humans were made from the stuff in their surroundings; being formed of the dust of the earth.

These creation texts speak explicitly of the person of God. God is love (1 John 4:7b) and God's love is relational. In essence, God in God's love must share of God's self. God shares God's self through revealing God's self in humankind. Kenneth L. Bakken writes, "Ignatius of Antioch wrote to the early Christians that they were 'God-bearers'"[15]

God gave Adam a territory to rule over called the Garden of Eden (Gen 2:8). This story depicts several things. The spirit of God was in the spirit of Adam in the body of Adam. Adam had a kingdom because of the indwelling spirit of God. With that mandate, God also gave him a boundary in which to live and thrive. The scripture states, "And the Lord God commanded the man, 'You may eat of every tree of the garden; but of the tree of the knowledge of good and evil you shall not eat, for in the day that you eat of it you shall die' (Gen 2:16-17)." Adam had authority to rule; and a relationship with God as a temple of God. The only thing that was required of Adam was for him not to defile his body (God's temple) by putting the wrong thing in it. The very thing God commanded Adam not to do was the very thing they did. The text reveals that a serpent

[14] Ibid, 16.

[15] Kenneth L. Bakken, *The Journey into God Healing and Christian Faith* (Minneapolis: Augsburg, 2000), 3.

beguiled the woman into eating of the tree of the knowledge of good and evil (Gen 3:1-5). The woman ate of the tree and gave it to the man that was with her and he ate also and sin became a part of the human experience. The serpent said unto them, you will not surely die, if you eat of the tree, and they ate of it and disobeyed God. Their decision to disobey God's command was both conscious and deliberate. C.C. Ryrie writes, "The origin of sin, according to Genesis 3, ought not to be thought so much an overt action (Gen 2:17 with 3: 6), but in an inward, God-denying aspiration of which the act of disobedience was the immediate expression."[16] Adam's disobedience unleashed the reign of death upon the human race.

The consequences of Adam's sin were apparent on three levels and had far-reaching implications. On the first level Adam's attitude toward God became distorted; and likewise God's relationship with humanity changed. Adam, and subsequently all of humanity, lost the life-giving force. Adam fell away from God as the life giver and fell into self-consciousness separated from God. The second is that Adam lost the kingship and the kingdom. The third consequence of Adam's sin was that humankind was no longer a true representation of God's purpose and authority. Martin states, "The body is an expression of the forces and movements inside the body- that is the soul."[17] In the state of Adam's fallen-ness, Adam's body no longer moved according to the will of God, because Adam no longer had the Spirit of God living in him. Adam moved instead according to Adam's own intuitions and motivations.

The body of Adam no longer was the "image of God" (*imago Dei*), but rather a bastardized representation; an expression of that which is antithetical to the true character

[16] C.C. Ryrie, *A Survey of Bible* (Chicago: Moody Press, 1995), 115.
[17] Dale B. Martin, *The Corinthian Body*, 16.

and essence of God. Furthermore, Adam's offspring never became carriers of the *imago Dei,* but instead symbolized Adam's fallen state. The bible states, "When Adam had lived one hundred thirty years, he became the father of a son in his likeness, according to his image, and named him Seth (Gen 5:3)." Thus began a cascade of unfortunate events between God and humanity which did not culminate until the cross.

Thomas Staubli and Silvia Schroer elaborate on the tension of the human experience. On one hand, humankind is *the imago Dei,* and on the other hand, humans were vulnerable to moral failure. They write, "Only through God's breath, Spirit, and word does the earth-creature become a living being, but then, as a being always laden with guilt, it is continually in need of God's forgiveness and mercy in order to live."[18] Having the image of God comes with overwhelming responsibilities.

The common denominator to the human race, regardless of their culture or ethnicity, is sin. The fall of Adam not only affected him, but all those who descended from him; as shown in the doctrine of original sin. Paul writes, "Therefore just as sin came into the world through one man, and death came through sin, and death spread to all, because all have sinned." (Rom 5:12) Paul again writes, "Both Jews and Greeks are under the power of sin." (Rom 3: 9c)

The fall of Adam left a vacuum in the life of humanity. Although in a fallen state, humanity still needed to worship God, and God still desired fellowship with humankind. Central to the biblical narrative is the motif of the meeting place. This is the place where God and humanity meet. It was seen in the garden story where in the cool of the day God met with Adam and later exemplified in God's relationship with Israel.

[18] Silvia Schroer and Thomas Staubli, *Body Symbolism in the Bible* (Collegeville, Minnesota: The Liturgical Press, 2001), 31.

The first example of this meeting place God had with Israel was the tabernacle which was erected by Moses in the wilderness. God instructed Moses to make the tabernacle according to the pattern of the one in heaven (Exod 25:40). The tabernacle was a 145 feet long, 72 feet wide and 7 feet high rectangular enclosure of curtains supported on poles. Within this structure was another curtained building divided by a veil. Behind the veil was the Holy of Holies which contained the Ark of the Covenant. Before the veil was the altar of incense, the seven-branched lampstand, and the table for the bread of the presence (Exod 25:30). The altar of burnt offerings and the laver stood outside in the courtyard (Exod 30:18). The tabernacle was movable so that whenever the Israelites moved during their wandering in the wilderness, the tabernacle could be dismantled and reassembled at the next campground.

Accompanying the tabernacle was the tent of meeting. This was a much simpler tent. Unlike the tabernacle, which was inside the camp, the tent of meeting stood outside the camp. This shrine was very significant because there Moses received the oracles of God. The presence of God would become apparent by a pillar of cloud whenever Moses entered to enquire of God (Exod 33:7-11).

The other symbol significant to God meeting with Israel was the Temple. The Temple was first erected by King Solomon in Jerusalem in the tenth century B.C.E. and was the center of Israel's religious life and culture. The Temple went through two major reconstructions, being rebuilt in the sixth century B.C.E and again by Herod between 37 to 4 B.C.E. The Temple was destroyed in 70 C.E. by the Romans and has not been rebuilt since then.

These places were significant to Israel's relationship with God. It was to these places that the people went to worship and to experience God's love, mercy, justice and

judgment. Nevertheless, this was a mere shadow of the true intent of God (Heb 8:2). A shadow is an imperfect copy of the original. The word *shadow* is derived from the Greek word *skis*, (4639) meaning darkness of error or an adumbration.[19] The Tabernacle, the tent of meeting and the Temple were shadows, or imprecise representations, of the true Temple. The true Temple was God's original plan as erected in the garden. This Temple was the body of Adam before the fall and later, through the words of Jesus, became the body of the believer.

This leads us to discuss the purpose for the coming of Jesus. Jesus came with a perfect understanding of God. As mentioned before, the First Testament and the Temple were a mere shadow of that which is perfect. Jesus came with a perfect understanding of the true dwelling place for God. Jesus' first message to His listeners was "Repent, for the kingdom of heaven is come near (Matthew 4:17b)." Jesus exhorts His listeners to change their way of thinking regarding their relationship with God because they are living in a new era. Jesus had a new message of restoration pertaining to the human body. He proclaims the body to once again be the temple of God. One of the purposes of Jesus was to restore the Holy Spirit to humanity, so that humankind would once again be the *imago Dei*.

For the Jews, a temple was constructed through the effort of human beings, whereas Jesus' concept of a temple is that which is constructed by God. The evangelist Luke writes of a discourse between Stephen, a deacon and evangelist of the first century Church, and zealous Jews:

> Our ancestors had the tent of testimony in the wilderness, as God directed when He spoke to Moses, ordering him to make it according to the pattern

[19] James Strong, *The New Strong's Exhaustive Concordance of the Bible* (Nashville: Thomas Nelson, 1990), 948.

> he had seen. Our ancestors, in turn, brought it in with Joshua when they dispossessed the nations that God drove out before our ancestors, and it was there until the time of David who found favor with God and asked that he might find a dwelling place for the house of Jacob. But it was Solomon who built a house for him. Yet the Most High does not dwell in houses made with human hands; as the prophets say, "Heaven is my throne and the earth is my foot stool. What kind of house will you build for me, says the Lord, or what is the place of my rest?" (Acts 7:44–50)

Clearly, the believer's concept of temple is different from those who still believed that they had to build God a temple.

The focus of the Second Testament was that God became human. According to Staubli and Schroer, "All its writings hold with the utmost conviction to the truth that God became a human being – and that means embodied – in Jesus".[20] This is evident in the fourth Gospel. It states, "And the word became and lived among us, and we have seen His glory, the glory as of a father's only son, full of grace and truth (John 1:14)." For Staubli and Schroer,

> It is really too simplistic to translate "logos" as "word". It is true that the idea that at the beginning the "logos" was, was with God, and was God….But the "logos" is more than the created word; it appears here as the heir of personified Wisdom, who as in Prov. 8:22-30 is in the beginning with God, joins God in calling creation into being, is happy to be with human beings, and who, in the conception of the wisdom teachers, could also act with divine authority in place of Israel's God. The "logos," the creative power and wisdom of God took on flesh and became a living breathing human being. The divine and human became personified in the person of Jesus Christ.[21]

The ministry of Jesus was always in conflict with that of the First Testament understanding of temple. This was the cause of many conflicts between Jesus and the Jews. The Gospel writer John writes of one such conflict saying:

> The Jews then said to Him, 'What sign can you show us for doing this? Jesus answered them. Destroy this temple and in three days, I will raise it

[20] Ibid, 32.
[21] Ibid.

> up. The Jews then said, this temple has been under construction for forty six years and you will raise it up in three days. But He was speaking of the temple of His body. After He was raised from the dead, His disciples remembered that He had said this; and they believed the scripture and the word that Jesus had spoken (John 2:18-22).

Obviously, this text illustrates that Jesus had a different understanding of the temple from the standard Jewish concept.

Jesus' theology of the body was that the body of the believer would be the dwelling place for God. He says, "At that day you will know that I am in my Father, and you in me, and I in you. He who has my commandments and keeps them, it is he who loves me. And he who loves me will be loved of my Father, and I will love him and manifest myself to him." (John 14:20-21) Jesus further said, "If anyone loves me, he will keep my word; and my Father will love him, and we will come to him and make our home with him." (John 14: 24) Clearly, these texts reveal that the true intent of God is to make the believer a temple in which to dwell. God would not dwell in a temple that is not capable of expressing God's love, mercy, and justice. This is accomplished through the life of the believer and not through bricks and mortar.

This idea is further illustrated biblically in Luke's writing in the book of Acts. Luke writes:

> One day Peter and John were going to the temple of prayer, at three o'clock in the afternoon. And a man lame from birth was being carried in. People would lay him daily at the gate of the temple called the beautiful gate so that he would ask for alms from those entering the temple. When he saw Peter and John about to go into the temple, he asked them for alms. Peter looked intently at him as did John and said, "Look at us." And he fixed his attention on them, expecting to receive something from them. But Peter said, "I have no silver or gold, but what I have, I give you; in the name of Jesus Christ of Nazareth, stand up and walk." And he took him by the right hand and raised him up; and immediately his feet and ankles were made strong (Acts 3:1-7).

This text juxtaposes the First Testament understanding of temple life and that of the Second Testament. The passage reveals the crude religiosity of temple organization. This man, because of his disability, could not enter into the temple and participate in the worship there. This means that for the lame man, the temple could not truly satisfy his greatest desire, but only served as a temporary resource for that day's needs. This man never got true deliverance from this temple because it was not designed as such. In contrast, Peter and John, who we could call waking, living, breathing temples of the Holy Spirit, brought this lame man deliverance. The beautiful temple had all the trimmings of temple life. It probably had the Ark of the Covenant, and perhaps Aarons' rod that budded, but the lame man never got any help. Peter and John had no money to take care of the man's need, but they had the love of God, the power of God, the mercy of God, and the healing presence of God.

I am the living word
Wrapped in flesh and bone
I am filled with the Spirit of God
I am walking through this land
Giving Life to men
I am the living word of God.

It was at a Saturday night revival service that this poem was put into the form of a song by Elder Lester Higgins, a visiting preacher at the Church where I was once a member. Elder Higgins went on to say that our bodies mean much more to God than we may think. This sermon, although preached about 16 years ago, conceived a consciousness in my mind of how important our bodies are to God. As in the poem, the bodies of humans are the carriers of the Spirit of God.

The Apostle Paul, inspired by the Holy Spirit, writes, "I beseech you therefore, brethren, by the mercies of God, that ye present your bodies a living sacrifice, holy,

acceptable unto God, which is your reasonable service." (Rom 12:1) This passage is very interesting because it raises the question of the importance of the body. What is so important about the body that Paul should use a word like "beseech"? Beseech is the translation of the Greek word *parakaleo,* (3870) which means to call near, invite, invoke, call for, desire, pray, or entreat.[22] To pray or entreat literally means to call beside.

Paul appeals to his listeners to present their bodies to God, "as a living sacrifice", not their souls or their spirits. Paul's argument represents a shift from the Old Testament understanding of sacrifice. In the First Testament, the priest would perform a sacrifice and offer it unto God, but the priest would have to first kill the animal before offering it unto God. Normally to sacrifice means to kill, but this text speaks of God wanting a living sacrifice.

God wants our bodies as living sacrifice because God has no use for a dead body. According to the scriptures, "God is not a God of the dead, but of the living (Luke 20:38)." Presenting our bodies, Paul says, "is our reasonable service." It is our reasonable service because we present the body and God presents the spirit. There was a time I used to say, "We need God, but God does not need us." Today, I believe that God needs us as much as we need God. God needs our bodies to act through.

God needs us as much as we need God because we have bodies, and God is spirit. God has no way to bring God's self out but through a body. God needs a body, so that God can manifest God's attributes. We experience God's love, justice, mercy, peace, and healing, through the person of human bodies.

This text and the message it exposed was central to the success of the demonstration project. The congregants needed to know of the importance of their

[22] James Strong, *The New Strong's Exhaustive Concordance of the Bible,* 126.

bodies. I presented to them a message of them equating their bodies as a First Testament sacrifice. First Testament sacrifices were required to be healthy animals. In my sermons, I told them God wants our bodies healthy; and when we have healthy bodies we have the strength and energy to work with God.

Paul elaborates further in his First letter to the Corinthians. He writes, "Do you not know that you are God's temple, and that God's spirit dwells in you?" If anyone destroys God's temple, God will destroy that person, for God's temple is holy and you are that temple." (I Cor 3: 6–17) The Second Testament uses two words for temple. One speaks of the temple in Jerusalem. The second speaks of another most Holy place. Paul uses the latter to describe the church. It is important to realize the warning that is given against destroying God's temple, noting that destroying God's temple brings the judgment of God. This is why we are to respect our bodies by feeding them the right things that will promote their longevity and health.

Paul elaborates further in chapter six of I Corinthians, speaking of the purpose of the body. "The body is meant not for fornication, but for the Lord, and the Lord for the body." This text clearly states that our bodies are made to contain God. God chose our bodies to live in. What is even more startling in this text is that the body is the Lord's purpose on this earth. Not only is our body for the Lord, but the Lord's purpose is our bodies. Your hands belong to God. Your feet, your entire body, from head to toe also belong to God. God is perfectly present in all of God's aspects in the human body. Staubli and Schroer write:

> The human body does not belong to the individual man or woman, but to God and the Holy Spirit. It is no accident that Paul develops this theology of the body through the example of sexual morality. However; the explosive material here is not so much in the exemplary case as in the fundamental character of the enormously expansive idea that the human

> body is a temple God, Christ, and the Holy Spirit. This idea is based on the image of the human in the First Testament and the character of man and woman as image of God.[23]

The writer of the epistle to the Hebrews elaborates on the significance of the body. The text states, "Sacrifices and offerings you have not desired, but a body you have prepared for me; in burnt offerings and sin offerings you have taken no pleasure. Then I said, 'see, God, I have come to do your will, O God.' In the scroll of the book, it is written of me." (Heb. 10:5b-7) The First Testament people offered sacrifices and burnt offerings. This is what God told Moses to do, but when Jesus came, He came with a clear understanding of God. Jesus knew that God really wanted a body to dwell in. We are here to do the will of God.

There is nothing on the earth that is greater than our bodies, because God chooses to live nowhere else but in our bodies. Our bodies are our greatest treasure, because they are all we have to offer to God. The greatest treasure that God can have is our bodies. The greatest treasure we can have is God inside the body. God will not dwell in any temple made by hands, but only in a temple made by God's self. That temple is our bodies.

[23]Ibid, 39.

CHAPTER 3: Remembering our Past, Hoping for the Future

Educator, author and African-American community leader Booker T. Washington wrote in the late twentieth century concerning health issues that plagued the African-American community of his day. It is interesting to note that the health crisis the Black community is facing is not isolated to the contemporary time. To the contrary, these issues have plagued the community since the first enslaved person was brought to these shores. Washington wrote:

> Go among the average people of our race in the South and you seldom find anybody who is well. Ask a person how he is and he will answer, 'Just tolerable,' or he will tell you that he has a pain, or an ache or rheumatism – something is always wrong. Very seldom will you find anybody who can look you squarely in the face and say: 'I am well.' In nine cases out of ten, you find the body lacks the sustaining power of the good, nourishing food day by day.[24]

As an example, Washington writes about the problem of hook-worm that plagued the Black community in his day, citing a lack of proper nutrition as its cause. For Washington, the lack of good nutrition was not just a physiological problem. Washington believed that sick bodies lead to weak minds; which ultimately lead to bad morals, which in turn have far-reaching psychological and sociological ramifications.

According to Washington, The Black community was malnourished because they lacked the proper information as to how to take better care of their bodies. This, he

[24] Louis R. Harlan and Raymond W. Smock, eds., *Booker T. Washington: A Sunday Evening Talk [Tuskegee, ALA.]* volume 10 (Urbana: University of Illinois Press 1981), 301.

believed, could be remedied by the community gaining access to this information. He also alludes to the connection between a healthy body and the state of one's mind.

Unlike in Washington's day, the Black community of today is not plagued with hookworm; nevertheless, we are inundated with a whole host of other medical diseases. High blood pressure, diabetes and obesity are major problems in the community today, all of which contribute to heart disease, the number one cause of death of Black Americans.

Washington failed to recognize the role slavery, racism and disempowerment played in the health status of the people in his community Washington, who himself was born in slavery and was the product of his mother being raped by a White overseer, should have recognized the systemic factors that surely contributed to the situation of poor health within his community, which lacked the basic resources for themselves healthy.

Joy Leary writes about recognizing how our history plays a significant role in how we act. She writes, "We rarely look to our history to understand how African Americans adapted their behavior over centuries in order to survive the stifling effects of chattel slavery, effects which are evident today."[25] If we were to examine the health condition of the Black community from Leary's perspective in *Post Traumatic Slave Syndrome*, it would be quite different from Washington's analysis.

Could the enduring trauma perpetuated against the spirits, souls, and bodies of enslaved men, women, and children be a reason for the health issues plaguing the Black community in America today? Author Harriet A. Washington argues that the American

[25] Joy DeGruy Leary, *Post Traumatic Slave Syndrome* (Milwaukie Oregon: Uptown Press, 2005), 13.

medical establishment is plagued with a dark history of abuse against the African American community. She writes, "this book… documents a peculiar type of injustice in health: the troubled history of medical experimentation with African Americans – and the resulting behavioral fallout that causes researchers and African Americans to view each other through jaundiced eyes."[26] This distrust of the medical establishment in the Black community has exacerbated its health care issues.

Ms. Washington quotes from playwright George Bernard Shaw's book, *The Doctor's Dilemma:* "The tragedy of illness at present is that it delivers you helplessly into the hands of a profession which you deeply mistrust."[27] Shaw very well could have been speaking for contemporary African-Americans, because studies and surveys repeatedly confirm that no other group has such deep mistrust in the American medical system, especially medical research. Ms. Washington calls this black fear of the medical system "iatrophobia," taken from the Greek word *iatros* ("healer") and *phobia* ("fear.")[28] I have observed this iatrophobia first hand, particularly among the male population. It is often said that many Black men refuse to seek medical attention until it is too late.

I have heard many men in my community say things like, "I will not go to the doctor, because doctors cannot be trusted." Although this mistrust has contributed to the Black health crisis, there is some validity to it. Ms. Washington elaborates on this dilemma. She writes, "The Office for Protection from Research Risk (OPRR) has been busily investigating abuses at more than 60 research centers, including experimentation–related deaths at premier universities from Columbia to California."[29] In recent years, the OPRR has suspended research at several prestigious universities, such as Alabama, Duke,

[26] Harriet A. Washington, *Medical Apartheid*, 5.
[27] Ibid.
[28] Ibid, 22.
[29] Ibid.

Pennsylvania, Yale and Johns Hopkins because of abuses perpetrated on their research subjects. The OPRR investigation revealed that many of these experiments were done primarily on African Americans, in addition to some Hispanics. Whites, for the most part, were illegally excluded from many of these experiments. The researchers often defend their actions by pointing out that recruiting for medical research studies are often done in Black inner-city areas because these are the communities that often surround American teaching hospitals.

According to Ms. Washington, the exploitation of African-Americans by the medical establishment has taken place since the inception of slavery. She writes:

> Enslavement could not have existed and certainly could not have persisted without medical science. However, physicians were also dependent upon slavery, both for economic security and for the enslaved 'clinical material' that fed the American medical research and medical training that bolstered physicians' professional advancement."[30]

The health of the enslaved might have been of mutual interest to both slave owners and physicians, as a healthy slave meant more profit for the slave owner. However, history shows that slave owners and American physicians' interests were opposite to the medical interests of the enslaved.

Joseph Graves Jr. explains that medical treatment of slaves was driven by profit. Ship surgeons examined kidnapped Africans en route to the Americas to determine their level of fitness. This was done in an attempt to cut losses. If any were deemed unfit for the duration of the horrific Atlantic journey, they were unceremoniously thrown overboard.[31] Todd L. Savitt affirms that some physicians in the South engaged actively in a "soundness practice" in which slaves on the auction block were evaluated to

[30] Ibid, 26.

[31] Joseph Graves Jr., *The Emperor's New Clothes: Biological Theories of Fact at the Millennium* (New Brunswick, New Jersey: Rutgers University Press, 2001), 1223- 24.

guarantee that they were fit for work. The fee for this service was as much and sometimes more than for diagnosing a sickness.[32] For example, the examination to prove that a slave was healthy could cost anywhere from two to ten dollars in Virginia in the 1850's – quite a lot of money at the time.

The first Blacks arrived in the colonies as slaves in the year 1619, and by 1700 there were approximately 20,000 blacks in the Americas. By 1776, when America gained its independence from the British, there were some 550,000 chattel slaves in the United States. This meant that Blacks comprised approximately 20% of the US population.

In the South, there was a convergence of pathogens from three different geographical areas: Africa, North America and Europe. According to Ms. Washington, "this unholy trinity yielded a bewildering array of unfamiliar infectious diseases, such as hookworm, types of malaria, and yellow fever, incubated by a sub-tropical climate that was hospitable year-round to pathogens that could not thrive in the colder north."[33] Although everyone was affected by these diseases, we can imagine that Blacks were more vulnerable than Whites because Blacks were generally subjected to much poorer living conditions.

Leary writes, "Cognitive dissonance may be one of the answers to the question, 'Why did Europeans need to view Blacks as sub-human?'"[34] It was necessary for Europeans to convince themselves that people of African descent were of a lesser class of humans than they were. The exotic diseases that erupted in the South produced a further

[32] Todd L. Savitt, *Medicine and Slavery: The Diseases and Heath Care of Blacks in Antebellum Virginia*, (Urbana, Illinois: University of Illinois Press 1978: Reprint 2002), 92.
[33] Ibid, 27.
[34] Joy DeGruy Leary, *Post Traumatic Slave Syndrome*, 59.

opportunity for the exploitation of Black bodies through scientific research. In order to continue the system of slavery, Whites needed scientific rationales.

Leary documents a series of scientific rationales that were used to rationalize the exploitation of African people, starting with the eighteenth century biological scientist Carl Von Linnaeus (1707–1778). Linnaeus is well known for developing the taxonomic system which is used for classifying biological life. Problematically, Linnaeus applied his taxonomic theories to differentiating humans from one another, which laid the foundation for nineteenth century thinking about race and later, racism. Linnaeus used skin color as the criterion for race classification, while also differentiating each race's moral and intellectual capabilities.

J. S. Haller describes Linnaeus' classification system:

> Linnaeus describes Homo Americanus as reddish, choleric, obstinate, contented, and regulated by custom; Homo Europaeus as white, fickle, sanguine, blue-eyed, gentle and governed by laws; Homo Asiaticus as sallow, grave, dignified, avaricious, and ruled by opinion; and Homo Aferas black, phlegmatic, cunning, lazy, lustful, careless, and governed by caprice.[35]

Linnaeus, along with other scientists, created an intellectual atmosphere that made it easy for scientists of their own and subsequent generations to violate the bodies of African-Americans without questioning the morality of such actions.

Ms. Washington elaborates further saying:

> The belief in the eternal malingering of slaves was only one tenet of scientific racism, a wide body of mostly unflattering beliefs about the bodies and minds of people of African descent. These beliefs were presented as research findings, explained by scientific theory, and promulgated by Whites who were sympathetic to or were actively profiting from the institution of enslavement, so, not surprisingly, scientific racism provided medical and scientific justification for slavery.[36]

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[35] J.S. Haller, *Outcasts from Evolution* (Chicago: Chicago Illinois Press, 1971), 4.
[36] Harriet Washington, *Medical Apartheid*, 32.

To our modern sensibilities, these beliefs are obviously racist, but in the 18th and 19th centuries, they were widely held because they were promulgated by the best scientific minds of its time.

Slaves suffered at the hands of Southern physicians. John Brown, an ex-slave, tells the story of the horrific ordeal of enslaved persons at the hands of physicians. Brown escaped from his captors to England in 1847, and related the story of his enslavement to L. A. Chamerovzow, who was the secretary of the British and Foreign Anti-Slavery Society. Brown's experiences were published in a memoir entitled *Slave Life in Georgia.*

Brown recalled the period of time he spent with Doctor Thomas Hamilton, a well-respected physician in Clifton, Georgia who came from a wealthy family. Brown was given to Dr. Hamilton by his master after his master recovered from an illness under Hamilton's care.

While Brown was with Dr. Hamilton, he was tortured by a series of medical experiments. Brown explains how Hamilton dug a deep pit and built a fire in it, and damped it so that only the burning embers remained. Covering the opening, Brown was made to sit naked on a stool in the pit, with a wet blanket to retain the heat. The only part of Brown's body exposed was his head. Brown recalls, "Though I tried hard to keep up against its effect, in about half an hour I fainted. I was then lifted out and revived, the Doctor taking note of the degrees of heat when I left the pit."

Brown was periodically given a few days to recover before undergoing new series of experiments, which caused severe bleeding every other day. Brown recalls, "He set to work to ascertain how deep my black skin went. This he did by applying blisters to my

hand, legs and feet, which bear the scars to this day. He used to blister me at intervals of about two weeks. He also tried other experiments upon me, which I cannot dwell upon."[37] Given the extent of the ordeals that he did speak about, one can hardly imagine the horror he experienced in the ones that he would not "dwell upon." Brown could no longer bear the torture, and was able to escape by fleeing to England.

Brown's experiences were not unique. The cases of similar oppression are innumerable. Washington writes, "Owners boarded the captive bodies of sick slaves to hospitals, or hired well ones to physicians for use in experiments. Sometimes they sold a slave outright for such use, particularly if she had become too old or infirmed to work or to breed.[38] Using slaves for experimentation became so lucrative that some physicians and landowners bought and raised slaves for no other purpose but for experimentation.

The most famous case of medical abuse against African-Americans is known as the Tuskegee Syphilis Study. This study was initiated in Tuskegee, Alabama in 1932 by the U.S. Public Health Service. They promised to give free medical care to these 600 sick and extremely poverty-stricken sharecroppers in Macon County, Alabama.

It was long believed by many scientists that syphilis had a different manifestation in Blacks than in Whites. Washington writes about the racism inherent in the experiment:

> Among other things, the PHS expected to validate its belief in a specific racial dimorphism of syphilis; where as the disease was taught to do its worse damage to the neurological systems and brains of Whites, it was taught to wreak its worst havoc on the cardiovascular systems of Blacks, sparing their relatively primitive and "underdeveloped" brains.[39]

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[37] Louis Alexis Chamerovzow, ed., *Slave Life in Georgia: A Narrative of the life, Sufferings, and Escape of John Brown, a Fugitive Slave, Now in England* (London: W.M. Watts, 1855), 36.

[38] Harriet Washington, *Medical Apartheid*, 54.

[39] Ibid, 15.

To prove this hypothesis, the Tuskegee researchers decided to find Black men infected with syphilis. After their deaths, autopsies were done to determine the extent of the effects of the disease in their bodies. These men believed that they were being treated for their illness; but instead, treatment was being withheld from them, while the researchers studied the progression of the disease. The PHS used scientific racism and deception to lure these unsuspecting Black men into participating in an experiment that in many cases, led to their premature deaths. .

Apart from the Blacks who were fortunate enough to attend the famous Tuskegee Institute (which was founded by Booker T. Washington to become a center for Black ingenuity and industrial progress), this area of Alabama was filled with Blacks who were extremely poor. They lacked decent housing, had poor nutrition and infectious diseases such as malaria, tuberculosis, and syphilis plagued the community. The Black residents of nearby Macon County, Alabama were sharecroppers. They were forced to sell their cotton way below market value, while having to buy food, supplies and seeds at an inflated price. Apart from economic bondage, the Blacks of Macon County were terrorized by regular rapes, lynchings, and murders that were never prosecuted. They were truly oppressed by their White overseers.

It was in this environment that these men lived, leaving them no real choice but to acquiesce to the demand of the medical establishment. These men were treated not as human beings, but as guinea pigs, since the PHS experiment was underpinned with racist ideology. Incredibly, the Tuskegee Syphilis experiment continued until 1972. In May 1997, President Clinton gave the family members of the men who were enrolled in the study some redress when he apologized on behalf on the government, and acknowledged the immorality and racism of the study.

Some may argue that things have changed since the 1930's, when the Tuskegee Syphilis experiments began. I would disagree. We are now living in modern times, but like the Blacks in Macon County, Alabama in the 1930's, African-Americans are still suffering from ill health stemming from systemic racism.

My community and I identify ourselves as African–Caribbean-Americans. Although we may not have had the same historical experiences as African Americans, nevertheless we are experiencing the same health crisis. People from the Caribbean suffer from high blood pressure and other diseases at the same rate as African Americans. Statistics do not differentiate between the two groups.

The racism African-Americans are exposed to is not usually overt, but rather covert. Blacks in America still experience disparities and these disparities contribute to prolonged sicknesses and diseases, which shorten their lives. This leaves many with feelings of hopelessness and helplessness. George Engel of the University of Rochester studied the relationship between feelings of hopelessness and chronic illness. James S Gordon MD describes the study:

> Over a period of twenty years, Engel and his colleagues had taken detailed case stories from hundreds of patients with a variety of chronic illness. Prior to the onset of their illnesses, seventy to eighty percent of them had experienced extended periods of "helplessness," times when they had felt like "giving up." This was true of people with heart attacks, cancer, stomach ulcers, ulcerative colitis, and a number of other conditions, including multiple sclerosis. Exacerbations of these conditions were preceded by similar feelings.[40]

[40] James S. Gordon, *Manifesto for a New Medicine: Your Guide to Healing Partnerships and the Wise Use of Alternative Therapies* (Readings, Massachusetts: Addison-Wesley Publishing Company, INC: 1996), 102, 103.

According to a report in the NY Times, here in New York City, nearly half of Black males between the age of 16 and 64 are unemployed.[41] Joblessness in the Black community is not a recent phenomenon, but has been pervasive within the community. People who are unemployed for long periods of time tent to become hopeless and this hopelessness can precipitate sickness.

Dr. Gordon writes, "People of color and poor people generally have far higher incidents of chronic illnesses and of mobility (disability), and mortality from these conditions."[42] Doctors Collin McCord and Harold Freeman write in a New England Journal of Medicine article of a 1990 study that "Black men in Harlem were less likely to reach the age of 65 than men in Bangladesh."[43]

Why do Black men in the richest city of the richest country on the planet have a lower mortality rate than men in one of the poorest countries in the world? The only possible explanation is that it must be a systematic societal problem. Drs. Evalyn N. Grant, Kevin B. Weiss and Christopher S. Lyttle, set out to study the relationship between socioeconomic factors and race/ethnicity as risk factors for asthma mortality. They found that "Black race/ethnicity appears to be associated, independently from low income and low education, with an elevated risk for asthma mortality."[44] Thus, one is at increased risk of dying from asthma for no other reason than for being born Black.

Another American Journal of Public Health article reveals some startling findings. The researchers found out that while billions of dollars are being spent to improve

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[41] Janny Scott, "Nearly Half of Black Men Found Jobless," *New York Times*, February 28, 2004, http:/www.nytimes.com (January 30, 2009)

[42] Ibid, 68.

[43]Collin McCord and Harold Freeman, Disparities between Blacks and Whites: Excess Mortality in Harlem, *New England Journal of Medicine* (1990: 322): 173 -177.

[44]Evalyn N. Grant, MD, Christopher S. Lyttle, MA, Kevin B. Weiss, MD, "The Relation of Socioeconomic Factors and Racial/Ethnic Differences in US Asthma Mortality," *American Journal of Public Health* 90, no. 12 (December 2000): 1923-1925.

outcomes through the development of better drugs, devices and procedures, far less money is being spent in addressing health care disparities. The researchers asked the question: "does society save more lives by enhancing the technology of care or by addressing disparities?"[45] The researchers claim:

> Our calculations suggested that these advances averted 176633 deaths in 1991 to 2000. During the same years, age-adjusted mortality rates for White males and females were an average of 29% and 24% lower, respectively, than those for African Americans. As of 2000, the mortality rate for African American infants and adults aged 25 to 54 years was more than double that of Whites. Had the age-specific mortality rates of the 2 races been comparable during 1991 to 2000, our calculations suggested that 886202 deaths could have been averted.[46]

The study shows that enhancements in medical technology did save lives between 1991 and 2000. Nevertheless, the study also shows that there were significantly fewer African-American deaths prevented than deaths prevented in White people. 886202 African-Americans died prematurely for no other reason but because they were Black. It has now been nine years since the completion of this study. Has anything changed since then? Maybe, maybe not, but I believe that we are on the right path, because racial disparities are being discussed. We have acknowledged that there is a problem; it is know time for us to get on the path of solving it.

It is unlikely that the health crises in Black America (or for that matter, America as a whole) can be totally erased. Still, there are reasons for optimism. This past US election cycle has given us reason to hope that the health care system will not only get better for Black Americans, but for all Americans.

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[45] Steven H. Woolf, MD, MPH, Robert E. Johnson, PhD, George E. Fryer Jr, PhD, MSW, George Rust, MD, and David Satcher, MD, PhD, "The Health Impact of Resolving Racial Disparities: An Analysis of US Mortality Data," *American Journal of Public Health*, 94. no 12 (December 2004): 2078-2081.
[46] Ibid.

A major theme of the 2008 election was health care. Both Senators Obama and Clinton campaigned about healthcare reforms which would allow all Americans access to medical care. According to the Medical Expenditure Panel Survey (MEPS), 53.3 million people under age 65 are uninsured. In addition, 21.1% of African-Americans are uninsured, making them the most uninsured ethnic group in the US.[47] President Obama has vowed to change these statistics.

President Obama plans to provide affordable and accessible healthcare for all Americans. To address the issue of uninsured Americans, President Obama made seven promises:

> (1) Guarantee eligibility for all health insurance plans
> (2) Create a National Health Insurance Exchange to help Americans and businesses purchase private health insurance
> (3) Provide new tax credits to families who can't afford health insurance and to small businesses with a new Small Business Health Tax Credit
> (4) Require all large employers to contribute towards health coverage for their employees or towards the cost of the public plan.
> (5) Require all children have health care coverage
> (6) Expand eligibility for the Medicaid and SCHIP programs
> (7) Allow flexibility for state health reform plans.[48]

In addressing the problem of health care disparities, the Obama campaign states:

> We will tackle the root causes of health disparities by addressing differences in access to health coverage and promoting prevention and public health, both of which play a major role in addressing disparities.
> They will also challenge the medical system to eliminate inequities in health care by requiring hospitals and health plans to collect, analyze and report health care quality for disparity populations and holding them accountable for any differences found; diversifying the workforce to ensure culturally effective care; implementing and funding evidence-based interventions, such as patient navigator programs; and supporting and expanding the capacity of safety-net institutions, which provide a disproportionate amount of care for underserved populations with

[47] Michelle Roberts, BA, and Jeffrey A Rhoades, PhD http://www.meps.ahcpr.gov/mepsweb/data_files/publications/st215.pdf (January 30, 2009).

[48] http://www.barackobama.com/pdf/issues/HealthCareFullPlan.pdf (January 27, 2009).

> inadequate funding and technical resources.[49] (A copy of President Obama's health report is available in Appendix. A.)

Fighting the health crisis in Black America cannot be won by the effort of the government only. President Obama has made a lot of great promises, but it is up to us, the American people, to make sure that he delivers on what he promised. There must also be an exhaustive effort on the part of community groups and concerned citizens alike. One such effort is exemplified in the work of community organizations in Harlem. The Harlem Health Promotion Center was founded in 1991 and serves as a bridge in connecting government agencies academic institutions and community organizations in addressing the health needs of the Harlem community. This organization serves as an example of what can be accomplished in other communities.

[49] Ibid.

CHAPTER 4: The Church: The Place of Healing

As people of African descent living in the Western Hemisphere, most of us have experienced trauma. Joy Leary writes, "Trauma is an injury caused by an outside, usually violent, force, event or experience. We can experience this injury physically, emotionally, psychologically and/or spiritually."[50] Trauma has left the Black community out of balance. This imbalance has distorted our well being, leaving the community in a continuous downward spiral towards unemployment, economic depravity, broken families, high rates of incarcerations, and health crisis.

The challenge for the African-American community is to develop a means by which we can stop the downward spiral and develop a healing path. To do this, it is necessary to first address the area of our health. Our health is not just physical; it is also emotional, psychological, and spiritual. We are holistic beings and our healing must be approached from a holistic prospective, meaning it must address the whole person. From there, we can develop lasting solutions in other areas of our lives. This can be done through community organizations, particularly the Church within the Black community. It is important for the Church to develop a theology that addresses the issues of health and wellness within the African American community.

\There are two scriptures that I often reflect upon when I think about the health of a community. The first is taken from Proverbs 29:18a (NRSV): "Where there is no prophecy, the people cast off restraint." The King James Version reads instead: "Where

[50] Leary, *Post Traumatic Slave Syndrome*, 14.

there is no vision, the people perish." Where there is no prophetic imagination, a community is left to its own perils and literally goes wild. In critique of the Black community, of which I am a member, I must ask whether we have a vision for the health of the community. What is missing in the community is a prophetic voice of deliverance. The Black community once had that voice, during the civil rights movement, and that prophetic voice was a catalyst for change in America. The Church can once again claim a prophetic vision and can become the agent of true prophetic imagination, envisioning health and wellness within the community.

The next text comes from the First Testament prophet Hosea, where he said, "My people are destroyed for lack of knowledge; because you have rejected knowledge. And since you have forgotten the law of your God, I also will forget your children" (Hosea 4:6). This text illustrates God's communication to God's people. These are people who have a relationship with God. Nevertheless, they are being destroyed. The Black community, and particularly the Black Church, prides itself on the relationship it shares with the Lord. However, our community is plagued with destructive patterns of crime, violence, and disease in greater measure than are other communities.

To be destroyed means to be brought to silence; to be undone; to fail or perish; to be cut down or cut off. Presently, I see the Black community as being in a place of silence. Our health is presently in a deplorable condition, and we are silent about it. For example, East New York has among the highest rates of diseases such as high blood pressure and diabetes in New York City. However, there is silence on the subject on the part of its citizens.

The problem is that the community is asleep. It is important that we awake from our sleep. The disciples could not stay awake to pray with Jesus in the garden, "for their

eyes were heavy" (Matt 26:43). There is heaviness in the Black community, a heaviness that has caused a sleeping spell. This can only be remedied by a theology that is relevant to the community. Clemens Sedmak writes, "Theology is an invitation to wake up; to be mindful and attentive."[51] A theology that allows our community activism to atrophy is no theology at all.

Kenneth L. Bakken writes about people living "in neutral". He writes, "Most people…live their entire lives in monotone. There is sound, but no rhythm or beat; there is color, but no vibrancy or pattern. God, self, and others remain hidden. We look, but do not see; we hear, but do not listen; we feel, but do not experience; we think, but do not understand."[52]

In my opinion, too much of our theology is cut off from our reality. We preach what I consider to be a theology of escapism, or of convenience, thinking that one day "in the sweet by and by", God will come and deliver us from our problems, because we have no power to deliver ourselves. I see this played out at many funerals. At these funerals, I have heard ministers and attendants telling bereaved persons that "God needed a singer in His choir, so He took your loved one," or, "God needed an extra flower in His garden, so He took your loved one." I have always been troubled by these explanations. Not only is it bad theology, but it is also cruel. It is saying that God is so selfish and brutal that He would kill your loved one, just for God's own pleasure, not caring about the pain those left behind would experience because of the loss.

What we need is a theology that addresses the issues of people's everyday lives. According to Sedmak, "Theology is a specifically local adventure if it wants to be

[51] Clemens Sedmak. *Doing Local Theology: A Guide for Artisans of a New Humanity* (Maryknoll, New York: Orbis Books, 2002), 1.

[52] Kenneth L. Bakken, *The Call to Wholeness: Health as a Spiritual Journey* (New York: Crossroad, 1985), 7.

relevant for a particular culture."[53] As a pastor within the Black community, it is important that I formulate a theology that is relevant to my community. Theology is the journey into cognizance. It must be relevant to the issues that concern the community.

The central question we were faced with as we approached the project was: can strengthening one's spiritual life change the way we see ourselves, and thus make positive changes towards a more health conscious lifestyle? I remember a conversation I had with our nutritionist Pat Duncanson, when she said, "We could drastically cut our prayer list in the church, if we would just start teaching the people how to eat the right foods." Pat connects what we eat with our health status. Hippocrates, the father of modern medicine, is credited with saying "Let your food be your medicine, and your medicine your food." In other words, we eat to live, not live to eat. A part of the challenge of this project was to get the congregation to adopt a similar mindset about food.

The food that is traditionally associated with the Black community is affectionately called "soul food." Soul food was developed by the enslaved people who had to make do with the leftover scraps from their enslavers' households. In other words, whatever the enslavers did not want, was what the enslaved persons consumed for food. These foods have become embedded in our culture and are the staple diet at our Church functions, family get-togethers and parties. Soul food has a long history behind it, but it is extremely unhealthy. Soul food is high in fat, often fried, and contains a lot of salt, red meat and animal organs like liver and kidney. Let's not forget the starches like white rice, pastries made with white flour and sugar. These foods contribute to high rates of High Blood Pressure, Diabetes and Cancer in the Black community.

[53]Ibid, 3.

There is a scriptural call for transformation from bad habits to good ones. People can change. We must reclaim and live the life of the good news. In Deuteronomy we are called to a life of wholeness: "I call heaven and earth to witness against you this day, that I have set before you life and death, blessing and curse; therefore, choose life that you and your descendants may live (Deut 30: 19)." The Church can be the clarion voice in the community for this kind of transformation, a transformation into the healthy, holy living God desires for all people.

Many people view health as the absence of disease or infirmity. In other words, if they are not experiencing any manifestations of disease or infirmity, they are healthy. However, the World Health Organization (WHO) defines health as the "state of complete physical, mental and social well-being."[54] This definition, though useful, excludes the spiritual part of the person. Another definition of health and wholeness was reached by the Christian Medical Commission. They define health and wholeness as, "A dynamic state of well-being of the individual and society; of physical, mental, spiritual, economic, political and social well-being; of being in harmony with each other, with the natural environment and with God."[55] Tilda Norberg and Robert Webber write, "As we continue to clear our stream of obstacles to wholeness, it is important to remember the wonderfully intricate interconnectedness of the physical, emotional, spiritual and mental dimensions of the human person."[56] Health encompasses all aspects of human experience.

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[54] World Health Organization online, http://www.who.int /about/definition/ en/print.html (January 27, 2009).

[55] Bakken, *The Call to Wholeness: Health as a Spiritual Journey*, 8.

[56] Tilda Norberg and Robert D. Webber, *Stretch Out Your Hand: Exploring Healing Prayer* (Nashville: Upper Room Books, 1990), 60.

Bakken writes about the confusion in our society surrounding the medical system. He states, "Medicine is a part of health – both as profession and a generic term. Medicine is practiced or administered both to alleviate sickness and suffering and to help cure a disease process in the restoration of health. Health, on the other hand, encompasses everything that has impact on the human organism."[57] God has called us into this wholeness as we understand that health is in truth a spiritual journey. Bakken identifies it as a call to Theosis. He writes, "Theosis is a profound and wonderful invitation for us to share fully in the transfiguring power of the God-like life."[58]

Healing: a Journey of Community

The journey toward healing is not made alone; we enter it in community. Peter L. Steinke equates community as an emotional environment. He writes, "Everything alive lives in some sort of environment and interacts with it. For people, an important part of any environment is other people. We affect them; they affect us."[59] James Gordon puts it this way: "We are whole as well as unique, and each aspect of our lives – the emotional, mental, and spiritual as well as the physical – is rich and complex and deeply connected to the others."[60] If healing is a journey and if it is going to take place, it must be done collectively.

s a community, we are able to enter this journey together easily because we share certain common values. According to Dietrich Bonhoeffer, "The physical presence of other Christians is a source of incomparable joy and strength to the believer."[61] We

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[57] Ibid, 8.
[58] Bakken, *The Journey into God: Healing and Christian Faith*, 83.
[59] Peter L. Steinke, *Healthy Congregations, A Systems Approach* (Herndon, Virginia: The Alban Institute, 2006), 8.
[60] Gordon, *Manifesto for a New Medicine*, 63.
[61] Dietrich Bonhoeffer, *Life Together: A Discussion of Christian Fellowship* (New York: Harper San Francisco, 1954), 19.

gained much strength from each other because we all saw God's desire for health and wholeness in our own lives and desired it for each other. Healing takes place in community. I call this community the Church.

The word "Church" is derived from the Greek word *kuriakon*, which means the "Lord's House." It was used by ancient writers to mean "place of worship." The word "church" can designate either local assemblies of Christians or the universal Christian community."[62] In the New Testament, the English word "church" is the translation of the Greek *ecclesi*a which is synonymous with the Hebrew word *kahal* of the Old Testament, meaning assembly, or gathering.[63] It is the *oikos*, the household of God. It signifies the family but extended beyond those related by blood lines to embrace slaves, servants, stewards, hired hands, property, house, animals, and furnishings. It was often used to refer to those who shared a common life or even held goods in common."[64] The barriers of race, sex, age and economic status were broken down, all distinctions removed under Christ.

Transformation through Diet

Scripture states, "God give food to all flesh, for His steadfast love endures forever (Psalms 136:25)." This text speaks of the providence of God. It is God who provides for all, exemplifying God's enduring love. According to Loyle Shannon Jung, "We have become disoriented and estranged from God, neighbor and self. One glaring way we have forsaken the abundant life is that we no longer fully appreciate or enjoy God's gift of food. We have forsaken the purpose of the blessing of food, and have been satisfied

[62] Daniel L. Migliore, *Faith Seeking Understanding, An Introduction to Christian Theology* (Grand Rapids, Micigan: Wm. B. Eerdmans Publishing Co, 1991), 251.

[63] Easton, M.. *Easton's Bible dictionary*. Logos Research Systems, Inc.:

[64] Calvin J. Roetzel, *The World that shaped the New Testament* (Louisville, Kentucky: Westminster John Knox Press), 97.

with an impoverished appreciation of eating."[65] It is so easy for us to forget to appreciate something as life-giving as food, because in the United States we are blessed with such an abundance of it.

We live in a time where we expect everything instantly. We live in a "microwave generation," where everything is sped up. We have lost the capacity to slow down and live a more contemplative life. This we must reclaim. Jung further states that "eating is a spiritual practice that reminds of who we are in the global ecology."[66] Bakken shares his thoughts on the microwave generation we are living in. He writes, "In our age of fast times and fast food, it is easy to forget that sharing a meal brings us together in community and allows us both to enjoy and express appreciation for God's providential care".[67] The preacher from the wisdom literature reminds us that, "it is God's gift that all should eat and drink and take pleasure in all their toils (Eccles 3:13)."

Gordon writes, "Eating is a communion with nature – or God – from whom we and our food come, with ourselves and with those with whom we share food. Eating and drinking are the way that Christians know their God most intimately."[68] Gordon discusses the revelation of God's self at the table. This is a central theme in the bible. No where is this more evident than in the story of two of Jesus' disciples on their way to Emmaus. The men were distraught because the person who they loved and expected to liberate them had just been crucified days earlier. This person was Jesus. In the midst of their journey, Jesus appeared to them, but they could not recognize Him. As the text states, "Their eyes were kept from recognizing Him (Luke 24:16)."

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[65] Loyle Shannon Jung, *Food for Life* (Minneapolis: Fortress Press, 2004), 6.
[66] Ibid, 6.
[67] Bakken, *The Journey into God*, 213.
[68] Gordon, *Manifesto for a New Medicine*, 149.

Neither the journey nor the conversation was revelatory to these two men. But in the breaking of the bread, Jesus became apparent unto them. "When He was at the table with them, He took bread, blessed and broke it and gave it to them. Then their eyes were opened and they recognized Him; and He vanished from their sight (Luke 24:31)." It is important for us to recognize the spiritual practice of eating. Something supernatural happens at the meal table. God is present at the table when we break bread.

The topic of diet is at the center of many conversations. We engage in it particularly at the beginning of each year. "I must change my diet," someone says. We will discipline ourselves for a couple of days, or maybe a week, but then we go back to the "SAD diet [Standard American Diet]." According to Bakken, "Diet means much more than a set plan one follows in order to loose weight. The word comes from the Greek, meaning a way of life or lifestyle."[69] The research shows that there is a correlation between food and a person's disease, mood, energy level, and longevity.[70] We are responsible for choosing the foods that cultivate and support health and longevity. The foods that encourage these outcomes are natural and unprocessed. The fresher and simpler the food, the better promote our healing.

The Use of Spiritual Discipline in Transformation

In order for us to live true liberated lives, it is important that we implement spiritual disciplines into our lives. No healing can truly take place unless there is first a healing of the soul. We are in need of the grace of God in order to successfully bring about change. Spiritual discipline is a way to harness the power of God in our lives. According to Richard Foster, "God has given us the disciplines of the spiritual life as a means of

[69] Ibid, 213.
[70] Anne Marie Colbin, *Food and Healing* (New York: Ballantine Books, 1986), 129.

receiving His grace."[71] The spiritual disciplines are avenues through which we present ourselves to God, for transformative power to be revealed in us. Spiritual discipline must be practiced by every true believer. In putting spiritual discipline into action we are doing ourselves more good than any thing else. According to Foster, "The purpose of discipline is liberation from the stifling slavery of self interest and fear."[72] As in Luke 10: 9, the practice of these disciplines is the doorway into the healing ministry of Jesus.

For the sake of this project, I will examine three of the disciplines Foster discusses in his book: meditation, prayer, and fasting. In the scriptures, meditation is central to the life of the believer. "And Isaac went out to meditate in the field in the evening (Gen. 24:63)." The book of Psalms is filled with similar texts. "I think of thee upon my bed, and meditate on thee in the watches of the night (Psalms 63:6)." "My eyes are awake before the watches of the night that I may meditate upon Thy promise (Psalms 119:148)." One of my favorite scripture verses speaks of the "blessed man," whose delight is in the law of the Lord, and on His law, he meditates both day and night (Psalms 1:2).

Foster writes, "Christian meditation, very simply, is the ability to hear God's voice and obey His word."[73] We observe God's word so that we can carry it out. God has a lot to say and God speaks to the Black community about its specific challenges. Certain scripture verses were used very effectively as meditative texts in my project. For example, "With long life I will satisfy them, and show them my salvation(Psalm 91:16);" "I appeal to you therefore brothers and sisters, by the mercies of God, to present your bodies as a living sacrifice, holy and acceptable to God, which is your spiritual worship

[71] Richard J. Foster, Celebration *of Discipline: The Path to Spiritual Growth* (New York: Harper Collins Publishers, 1978, 1988, 1998), 7.
[72] Ibid, 2.
[73] Ibid, 17.

(Romans 12:1);" and "Do you not know that you are the God's temple and that God's Spirit dwells in you (I Cor 3:16)."

Meditating on the scriptures motivates transformation. The more you look at a thing, the more you become it. You cannot meditate on the word of God, and have it not motivate you to change. As our congregation meditated on these texts, they began to see the importance of changing their diet to reflect what God wants from their lives. If it is God's desire for us to have long lives, them we must adopt a lifestyle that promotes longevity of life.

Prayer is also a significant spiritual discipline. It is the life of the Church. The old folks would say, "no prayer, no power." Foster writes, "of all the spiritual disciplines, prayer is the most central because it ushers us into perpetual communion with the Father."[74] For example, through prayer we experience the manifestation of the power of God. Jesus' disciples realized this because they saw the power of prayer in His life. In Mark 1:35 we read of Jesus rising up before daybreak to pray, whereupon the disciples asked Jesus to teach them how to pray. Jesus replied that you must first center your worship towards God. We pray that the kingdom of God will come and that God's will be done on the earth as it is in heaven. We pray that God's influence comes into peoples' lives and that the perfect will of God in heaven be done on the earth. God's actions on the earth are in accordance with the prayers of His people. If we don't pray, God doesn't act. Prayer brings the healing presence of God to humanity.

Fasting is another significant part of the healing process. According to Foster, "More than any other discipline, fasting reveals the things that control us….We cover up

[74] Ibid, 33.

what is inside us with food and other things, but in fasting these things surface"[75] Food can be a tranquilizer of the soul. Through fasting we can regain control over that which controls us.

Fasting can be the most difficult discipline to practice. To succeed at this discipline, there must be a change in one's perception. Instead of thinking of food as that which sustains us, we should understand that we are sustained by God. "Humans should not live by bread alone, but by every word that proceeds from the mouth of God." (Matt 4:4) Foster writes that "in experiences of fasting we are not so much abstaining from food as we are feasting on the word of God." Thus, Fasting is Feasting!

Jesus exemplifies this notion of fasting as feasting. The scripture tells of disciples bringing Jesus lunch, thinking that he would be hungry. Jesus responded, "I have food to eat that you do not know about….My food is to do the will of Him who sent me and to complete his work." (John 4: 32, 34) When we fast, we are being nourished and sustained by the power of God.

[75] Ibid, 55.

CHAPTER 5: IMPLIMENTATION

The demonstration project started with the coming together of the site team and I, to raise the congregation's awareness of the importance of taking care of their bodies. To do so, we formulated a theme around the project that would resonate with the congregation, and bring about a sense of excitement. We later decided to open the conversation to the entire congregation. By consensus, we came up with the theme "Moving to our Healthy Place: On the Path to Health, Hope, and Healing" and had a banner made with this inscription on it.

I started my presentation on March 9, 2008. We began with a spirit of excitement around the theme. We stood up with enthusiasm and recited the theme corporately, stating out loud that "We are moving to our Healthy Place: On the Path to Health, Hope, and Healing." By the end of the first service, the slogan was ingrained in our spirits. Seeing the exuberance of the congregation, I was motivated to live up to the initial excitement.

In order to raise awareness among the congregation, I carried out strategies in three areas: health awareness, training, and the health support group.

Awareness Strategy # 1: Preaching and Teaching

My first goal in this project was to bring awareness to the congregation of the importance of caring for our bodies, understanding that they are the temple of God. To do this, I had to formulate creative ways of communicating my vision to the

congregation. I introduced weekly health tips and interactive health quizzes to the congregation through the church bulletin (examples of church bulletins can be found in Appendix B1).

Each Sunday, a specific time was set aside to discuss our health tips and quiz. Throughout the week, I did research on information that we could use to inform and educate the congregants. Quizzes were based on information given from the previous week. The first person who answered the question was rewarded with a small healthy gift such as dark chocolate, organically grown fruits and vegetables, and healthy breakfast cereals. I also explained to the congregation why the gift item was healthy. This we did with sometimes very meager resources. One week, I gave information about the benefits of eating organic apples. Because I was working with limited resources, the gift for that week was a single apple. Nonetheless, it was appreciated by the congregation.

The first health tip I gave was on the importance of eating cocoa-enriched chocolate. I made the distinction between the sugary chocolate that we find in many stores, and the healthy cocoa-enriched chocolate, and the benefits gained by moderate intake of such.

The health tips and quizzes were designed to include the children in the church. To get them involved, we created quizzes and gifts that were appealing to them. For example, one week, I gave information about eating healthy cereals instead of the sugary cereals that our children are so attracted to. The winner this particular week was given a box of healthy cereal.

Being cognizant of the temperament of the congregation, I knew that transformation would not take place without Biblical and theological significances of the

project. In the context of taking care of our bodies, it was important for the congregation to realize that caring for the body is pleasing to God. Thus, caring for the body is an act of Christian service. To bring this awareness, I spent about two months preaching and teaching the biblical significance of caring for our bodies. I originally had intended to preach four sermons; instead, I ended up preaching for eights week straight on topics centered around the project, plus Wednesday night Bible Studies. The first message I preached was taken from III John 2, which says, "Beloved, I pray that all may go well with you and that you may be in good health, just as it is well with your soul." This text is regularly used to emphasize the heart of God pertaining to our health. I used other texts such as Romans 12:1-2, which talks about the importance of us presenting our bodies to God as a living sacrifice. In my sermon, I emphasized the word "living." God, I told them, wants our bodies to be healthy in order to be in His service. Sermon notes are attached in Appendix B2.

As a Pentecostal church, we offer prayer for the sick, which is an integral part of our ministry. We believe that healing is provided through the atonement, and that the sick will recover when we anoint and pray for them. This practice was emphasized during the project.

Another practice that is integral to our ministry is the spiritual discipline of fasting. Richard Foster's book *Celebration of Discipline* was used as a guide for us as we participated in this discipline. This discipline was used not just for spiritual reasons, but also as a way to engage in a healthy lifestyle. We found out that fasting once per week not only has spiritual benefits, but also has heath benefits as well.

Evaluation

After about four weeks of increasing awareness through preaching and teaching, we convened a focus group on April 16, 2008 during a Wednesday night Bible study. I originally expected about six persons to participate in the group. The focus group was a success as eleven persons participated.

As usual, we started with prayer. I then asked the participants how the focus on health information had impacted their lives in the past weeks. One brother said, "Pastor, you are making me think." He proceeded to say that he has started to think before he eats. He never thought of food as medicine before, but he is now aware of food in that way. He gave a story about going to the meat shop. This, he said, "I did every Saturday religiously, never thinking about consuming meat every day, until the discussions on Sunday mornings and Wednesday nights." He has not stopped eating meat, but he is eating less of it.

Another sister shared her story. She said, "I am being mindful of what I eat for breakfast in the mornings." She spoke of how she normally would get a certain muffin and a cup of coffee from Dunkin Donuts every morning on her way to work and how she has started to ask question whether she needs to eat this way every morning.

Another sister entered the conversation telling of her experience. She talked about retraining her taste buds. She said, "I did not like chocolate but after the health tips on the health benefits of dark chocolate, I decided to try some and found it to my liking." Others spoke of consuming less red meat and eating more fish and vegetable, substituting whole wheat for white bread and eating more unprocessed foods. Everyone articulated an increased level of awareness about the health crisis and their need to do more for their health.

Awareness Strategy # 2: Health Awareness Seminars

To raise health awareness, it was our intent to sponsor a series of three to four meetings with health care practitioners. We ran a series of health seminars along with The Maurer Foundation and Mount Sinai Hospital. On March 8, 2008, we had a Prayer Breakfast, sponsored by the Women's Ministry, followed by a Breast Health Seminar, conducted by The Maurer Foundation. Their mission is to save lives through breast health education. Two representatives were present for the seminar. Breast cancer is an epidemic in America, but among Black women, it is even worse. Although contracted mostly by White women, the breast cancer mortality rate is far worse among Black women.

The Maurer Foundation gave a lot of empowering information on how to prevent breast cancer, as well as how to detect it early. One of the things I learned particularly as a man was that, although breast cancer is mostly a woman's disease, men are also at risk. They brought breast models which were used to simulate different breast lump presentations. We learned how to detect the differences between healthy breast tissue and breast tissue that might be cancerous. Men were encouraged to participate in the demonstration on how to detect abnormalities in their own breasts, as well as those of their wives.

The information given was welcomed among the women who were present at the event. Participants left the seminar with a lot of empowering and life-changing information. They received information about dietary changes they could make that would reduce their risk of becoming a victim of breast cancer. They were also given invaluable information about what to do if they contracted the disease. The presenters

gave information that would empower women or men to work with their health care providers for the best course of treatment.

We were privileged to have Mount Sinai Hospital play a pivotal role in the project. Firstly, we had medical anthropologist Susan Filomena, assisted by another medical anthropologist and a medical student, hold several training seminars for the church. They also conducted five health screenings at the church building, including blood pressure and cholesterol screenings for members of the congregation and residents of the surrounding community. Epidemiologist Dr. Kim Morland is the director of community outreach at Mt. Sinai Hospital is presently engaged in social justice research projects in the East New York neighborhood. They brought information to the congregation about issues of disparities around access to fresh fruits and vegetables in the East New York section of Brooklyn and shared with us from articles they authored on the topic.[76]

While holding health screenings at our church, researchers from Mount Sinai also had the opportunity to conduct a confidential survey which gathered information regarding the shopping habits of the participants, and also their access to fresh fruits and vegetables. Each volunteer participant was given $20 for participating in the survey.

The first day of screening at our church was a tremendous success, with nine participants. This, the screeners said, was their most successful day. In all, approximately 30 people participated in the screenings and surveys.

It is important to note that the survey was conducted ethically. No one was forced into doing anything that would jeopardize their safety or privacy. The information

[76] Corrine E. Munoz-Plaza, MPH, Susan Filomena and Kimberly B. Morland, "Disparities in Food Access: Inner-City Residents Describe their Local Food Environment," *Journal of Hunger & Environment Nutrition* 2, no. 3 (2007) Available at http//www.jhen.haworthpress.com

gathered was held on record for six months and the identities of the participants were kept confidential.

Evaluation

This strategy was evaluated through the use of a questionnaire to discover the level of knowledge the participants have gained about health issues within their community. The questionnaire that was given through the survey conducted by Mount Sinai was used to gather this information. No preliminary results were given, since the survey is an ongoing study that will culminate in about two years. However, the participants did seem to have considerable knowledge about the disparities in East New York, particularly, around the issues of access to fresh fruits and vegetables.

Awareness Strategy # 3: Teaching by Example

In order for the project to be a success, it was important for the congregation to see me making positive changes toward my own health empowerment. To make this happen, I started on an exercise regimen and talked about it with the members of the congregation. When they saw me losing weight and eating healthier it was an impetus for some of them to start making positive changes themselves.

Another aspect of heightening the congregation's health awareness was introducing healthier alternatives to the food we eat at church events. At one event, I introduced a new way of preparing stew peas, a very popular Jamaican dish that generated an intense conversation. This dish would normally be prepared with white rice and a lot of red meat. White rice is a staple of my community's diet which contributes to the community's diabetic crisis. I substituted vegetables for the red meat and served it

over brown rice instead of white. Since then, we have being using brown rice instead of white rice at all of our church events.

Evaluation

Several informal focus groups were conducted to discuss how the congregation thought the project was progressing. We conducted these focus groups primarily on Sunday mornings in order to get the full complement of the congregation. Most of the congregation showed enthusiasm about embarking on a journey of health and wellness for themselves. Most of the participants in the focus groups showed signs of being ready to make changes towards a healthier lifestyle.

Training Strategy # 1: Recruiting

To satisfy this goal, I recruited five persons from the congregation to work with me in a leadership capacity, order to make this project a success. I originally planned on using the site team to lead in this area. Several site team members agreed to do commit more time to working on the project while some dropped out completely. Nevertheless, I was able to satisfy this goal with a five member team. The team members who worked with me on the project are Charisse Spence, Paulette Fuller-Dawkins, Denese Brooks-Clarke, Clinton Clarke, and my wife Sandra Henry.

Each leader was given a specific task. Charisse was responsible for research and coordinating the Breast Health Seminar. Paulette worked hard at documenting the project through filming and note taking. (The filming was used as way to document the project, particularly the health support group, for further reflection and education.) Denese researched the weekly health tips in the church bulletin. Clinton served as the

public relations officer. Sandra was responsible for bringing the project together and making it work in a cohesive way.

Evaluation

As discussed above, I was able to get five members from the church to commit to taking on a leadership role in developing a health and wellness ministry within the church.

Training Strategy # 2: Equipping ourselves

The second strategy originally entailed a six week course at BMS Family Health Center, which was to be taken by the leadership team with the goal of helping us become community health care activists. Unfortunately, however, the course never ran. We made another attempt to participate in another six week course facilitated by the New York City Health Department. This course was designed to address cardiovascular health. However, this course was also cancelled due to budgets cut to the program.

Eventually, we were able to commit to the leadership team getting some training through three different avenues. First, in partnership with Mt. Sinai Hospital, we were able to get representatives from their Department of Community and Preventive Health to share with the leadership team and the entire congregation what was taking place in East New York, particularly around the area of disparities of access to fresh fruits and vegetables and other health issues that face our particular community. Special emphasis was placed on developing proactive ways of addressing these disparities.

Secondly, two of our team members attended seminars held at the local food coop in East New York. We learned about the food coop through the representatives at Mt Sinai Hospital, which has a partnership with the coop. Some of the topics covered in

these seminars were cooking with children; understanding food labels and identifying potential food hazards, sugar and fats. These seminars were taught by students in the Master's program in Nutrition at Hunter College. The third educational tool was the health support group which will be discussed in detail in strategy #3.

Evaluation

Due to the cancellation of the six week course, I was not able to make an evaluation surrounding that strategy. However, we had the full complement of the team leaders at the Mt. Sinai presentation and health support group presentations. The seminars conducted at the food coop were only attended by me and one team leader. I think this satisfied my goal.

Training Strategy # 3: Partnering

Our third strategy focused on developing a plan for a health support group. A plan was developed by me, the site team, and Pat Duncanson, the nutritionist we used to conduct our health support group. The plan detailed how many meetings we would have, the duration of the meetings, the topics to be discussed at the meetings and the agenda for each meeting.

Evaluation

The plan to satisfy this goal was to get 10 – 15 congregants to commit to participate in the health support group. This goal was realized with 15 persons committing to participate in the health support group. The goal was sometimes exceeded.

Support Group Strategy # 1: Planning

After two months of bringing awareness through preaching and teaching; several lectures by health care practitioners; health screenings, and training seminars, the

leadership team and I were ready to move forward with our health support group. We hoped that the completed write up of the project could be a blueprint for any church to use as guide to a health ministry.

Evaluation

The leadership team and I decided that writing a manual in June as originally intended would be premature, so we hoped that a completed write up of the project could be used as a guide for writing a manual in the future.

Support Group Strategy #2: Implementing

Destiny Deliverance Ministries formed a health support group, with seminars facilitated by licensed nutritionist Pat Duncanson. Ms. Duncanson was a particularly good fit for us because of her holistic approach to health and wellness, incorporating theological, spiritual and physical aspects into her work. Each participant was asked to contribute $10 towards the program costs; however, no one was turned away for lack of funds. A series of eight meetings were held biweekly over a four month period.

First Meeting – May 24, 2008.

The meeting convened at approximately 2:00 p.m. Paulette started filming and I started to pray (Every meeting started and ended with prayer). I then proceeded to introduce Ms. Duncanson to the congregation. She introduced herself and asked us to refer to her as Pat. She gave us a brief synopsis of her training and work experience. She then began the seminar from a theological prospective. She said, "God has an instruction manual, which is the Bible." The text she used was taken from the first chapter from the book of Genesis, which speaks of God in creation. The first text she quoted was, "Then God said, 'let the earth put forth vegetation: plants yielding seeds, and fruit trees of every

kind on the earth that bear fruit with the seed in it.' And it was so (Gen. 1:11)." The other text she quoted states:

> God said, "See, I have given you every plant yielding seed that is upon the face of the earth, and every tree which seed in its fruit; you shall have them for food. And to every beast of the earth, and to every bird of the air, and to every thing that creeps on the earth, every thing that has the breath of life, I have given every green plant for food." And it was so. (Gen. 1: 29, 30)

Pat explained the importance of consuming grains, fruits and vegetables as a Biblical mandate. She further stated that before the flood, humans were vegetarians.

Pat gave us a biological and physiological perspective on the human body. She informed us that our bodies are made up of 100 trillion cells. She educated us about the functions of our major body organs, from heart to skin, and the various biological systems that make up the body. She taught us about the lymphatic, skeleton and cardiovascular systems, and things that that we can do to support and maintain the wellbeing of these systems. This first session was very engaging, informative, and empowering.

Second Meeting – June 8, 2008

The topic for this seminar was entitled "The Immune System". She taught us about the structure of the immune system and how it works to keep us healthy. This meeting was geared toward giving practical suggestions for health and wellness. Firstly, she advised us to roll out of bed and fall on our knees for pray. For Pat, prayer is the first business of the day. Secondly, she asked that we drink a glass of water with lemon juice. This, she said, will bring the body to an alkaline state. Thirdly, we were advised to start on an exercise regimen. Pat believes that we can start an exercise regiment without going to the gym. Her advice to us was to start by walking. She told us to start by walking five

minutes away from the house and back for the first week, and then increase our walk in increments of five minutes. Upon returning home, she advised that we shower, followed by breakfast. She concluded this session by quoting from Psalms 139, saying that we are fearfully and wonderfully made.

At this meeting Pat also introduced us to the benefits and process of detoxifying the body. She believes that most diseases start in the gastrointestinal (GI) tract. Keeping the GI tract cleansed can reduce the risk of contracting many diseases. For the detoxification process, Pat recommended a product called "Herbal Fiber Blend," which rids the GI tract of toxins. She also encouraged the consumption of a "Barley Grass Powder," to repair the body and cleansing the blood. For Pat, barley has great theological significance. (Biblical references to barley can be found in Ezek 4:12; Ruth 2:23 and John 6:9). Participants later testified of the changes they experience in their bodies after following the protocol. Some felt more energized. Others reported that they were more focused, while various people said that they were experiencing frequent bowel movements.

Third Meeting - June 22, 2008

The topic for this seminar was "Sugar: not Food – Drug." In this seminar, Pat informed us of the danger of consuming sugar. Sugar robs the body of vitamins, such as B vitamins. She talked about products that contain a lot of sugar, such as sodas and pastries. These products contribute to an increased risk of diseases such as diabetes, which is a main cause of sickness in our community. She also informed us of the danger of consuming caffeine; she advised us to "run from it."

This lecture was balanced with a lot of positive information about choosing healthy alternatives in our diets. For example, she advised us to substitute almond or rice

milk instead of cow's milk. We were encouraged to substitute sugar with the herbal sweetener stevia. She also encouraged us to substitute the consumption of meat, particularly organ meats, with dried beans instead. She ended this session by saying that we should eat in order to rebuild the body. She believes that food can be medicinal in the body and help to heal some of our ailments.

Fourth Meeting – July 13, 2008

This week's seminar was entitled "Diabetes." Pat began this session by informing us of the two main reasons disease enters the body: lack of nutrients and inability of the body to cleanse itself. She proceeded to talk to us about the two types of diabetes, and the devastation it creates in the body. Diabetes is the failure of the body to produce sufficient insulin.

According to Pat, diet and diabetes are closely related. A survey was taken of the participants of who had this disease. Of the participants in the health support group, about a third raised their hands. With this in mind, she proceeded in giving us a protocol to minimize the effects of diabetes for those who have the disease, along with minimizing the risk of becoming diabetic to others. She gave us guidelines for following a low glycemic diet, which focuses on consuming lots of high fiber fruits and vegetables. She spoke about the value of eating whole grains (for example, consuming brown rice instead of white rice, and sprouted bread instead of white bread). Other aspects of this protocol were exercise and vitamin supplements.

Fifth Meeting – July 27, 2008

This week's seminar focused on "Digestive Disorders." Pat pointed out three common digestive disorders: heart burn, constipation and bloating. She told us about

various foods that could contribute to these problems. For example, peanuts and oatmeal contribute to heartburn. Dairy products containing simple carbohydrates can contribute to constipation. She advised us to keep away from white flour as it contains gluten, and makes a paste in our stomach which is bad for the colon, esophagus, and pancreas. This, she informed us, can lead to us contracting cancer in those organs.

Long term constipation can lead to serious health problems. To remedy these symptoms, she advised us to consume adequate amounts of water and take the herbal fiber blend mixed with flax seed oil to encourage smooth bowel movements. We were informed that allergies are associated with poor digestion. According to Pat, we can consume aloe vera, ginger, organic honey, green, and ginseng (to name a few) to support our digestive tract. She also advised us to include more enzymes in our diets.

Sixth Meeting --August 24, 2008

This week's seminar addressed high blood pressure, a problem that is prevalent in the Black community. High blood pressure is a serious issue because if left untreated it can lead to heart problems, kidney damage, strokes and eye problems. Pat first started out by encouraging the participants to get their annual physical exams to warn us of any impending dangers. She then showed us how to understand blood pressure readings. A normal blood pressure reading should be 130/90 or less, but it is better to get the bottom number closer to 80.

Pat encouraged us to monitor our own blood pressures by taking the blood pressure three times per day: once in the mornings before we get out of bed while lying down, again while standing in the afternoon, and lastly at night, while sitting on the side of the bed. This, she said, will give us accurate blood pressure readings.

Pat spoke about how high blood pressure is precipitated by the consumption of high amounts of processed foods. Processed foods, she claims, are filled with too much sodium and sugar. In order to combat high blood pressure, we were encouraged to make lifestyle changes in our diet and exercise patterns.

Seventh Meeting – September 7, 2008

This seminar tackled the issue of stress management. We learned about acute stress and chronic stress. Stress causes the immune system to be compromised. Stress, according to Pat, is a killer. She gave us some practical tips on how to reduce our levels of chronic stress. The first thing she advised for reducing stress is to "roll out of bed and pray" in the mornings. According to her, prayer releases endorphins in the body. Writing and journaling is another good way to fight against stress. Another suggestion was to use time wisely and prioritizing our days well. This is preferably done on the weekends, when we can plan out the entire week. All of these strategies, she explained, reduce stress and contribute to health and wellbeing.

In addition, Pat gave ample advice, as to how we can better manage stress in our day to day lives. She encouraged us to identify what causes stress in our lives. She suggested that we build relationships with family and friends. She pointed out the importance of being able to say "no" to others at times. "You cannot be all things to all men," she said. She asked us to think of new ways to handle stressful situations. We need to learn how to let go of hurts, and think new thoughts. Whenever we feel stress, she asked that we "flip" our thoughts and think positively, casting our cares on the Lord Jesus.

Eighth Meeting - September 21, 2008

This was the last meeting of our health support group. We chose to end the series with a session on health and spirituality. Pat taught that we cannot separate Jesus' humanity from His divinity. It is possible for us to live holy healthy lives. Healthy relationships, she said, must have God at the head, and you and I at the bottom. God has done everything to give us all that we need to live. Pat assured us that the same power that raised Christ from the dead is within us. We have the power to cause another person to get saved, and each time someone is saved through us, we are multiplying the earth. Pat then made the final connection: taking care of our bodies is a vital part of carrying out the great commission. Simply put, a healthy body helps us to fulfill the call of God on our lives.

Evaluation

A focus group was assembled on November 2, 2008, with 13 participants. The focus group was facilitated by Mt. Sinai Hospital as a part of a bigger survey they are doing in East New York on the topic of food accessibility (A copy of questions is in Appendix B6) and each participant was compensated with $20 for their time. The results for the focus group show that the participants have made modest but real lifestyle transformations. All identifying information was kept confidential. I received a summarized transcript of our focus group meeting and a copy of the results of a previous session done in 2006 from the researchers at Mt. Sinai, which can be found in Appendix B 5. Full results of the Mt. Sinai research project will not be available for several years.

I conducted a second focus group three months after the project ended. The purpose of this focus group was to determine if the congregation was still adhering to the changes they had committed to earlier on in the process. I wanted to find out what permanent changes they have made since the health support group ended. I received

several responses. The first response came from a member of my site team. He said, "I am more conscious of what I eat." Several people concurred with his statement. Another person responded by saying, "I have begun to read food labels." Another sister stated that she found she was cooking differently. She now considered baking a better option than frying. Her husband added, "I don't get my fried chicken… and I love fried chicken." His response sparked a lot of discussion. Some people gave her suggestions on how to bake chicken and make it taste like it was fried. Another person suggested frying chicken in healthier oils.

One sister spoke about portion size. I don't remember portion sizes being discussed during the project, but she said that she started to eat less. She also said, "along with the information given in the support group, and also recommendations from my doctor, I now eat more vegetables." Someone mentioned that they were still eating brown bread. This got nods from everyone. One brother said "Pastor, I miss my hard dough bread."(Hard dough bread is very popular in my community. It is made of white flour and very dense.) Others spoke about exercising more. One person said, "I am still walking." Another said "I am still jumping.' Pat had told us that when we jump rope, it encourages flow in the lymphatic system. Another brother talked about his use of natural products, while a sister said she is now drinking more water and less juice.

I asked if there were any changes they had made that they had since stopped doing. I got two responses. Someone spoke about having gone back to the creamy salad dressing she enjoyed before the she entered the journey. Another sister said that during the health support group, she ate mostly fish, but has gone back to eating red meat on occasion. When asked about the challenges of the journey, most of them mentioned brown rice. Many of them just could not get used to cooking and eating brown rice.

Support Group Strategy #3: Health Fair

Our project culminated on November 15, 2008 with a health fair. We made arrangements with our nutritionist Pat Duncanson for her to do a seminar entitled "Continuing on the Path." We also had arranged for Mt. Sinai Hospital to run some classes on healthy cooking, and for the Medical Outreach Program at Downstate Medical Center to conduct health screenings.

We began with good intentions, but unfortunately we experienced several obstacles. The Downstate team cancelled their participation in our health fair because of cuts in their operating budget. Pat, our nutritionist, also had to cancel because of a death in her family. However, we decided to proceed with what we had rather than canceling the health fair. Our friends from Mt. Sinai who had worked with us passionately in would go ahead with the cooking classes and conduct health screenings in addition.

There were two cooking classes which we held in the church kitchen. The classes were geared toward getting children interested in cooking and eating healthier food. Facilitator Susan Filomena led us in preparing a healthy snack with sliced fruit and a dip made with nuts and vegetables, and later, a pasta dish as a healthy dinner alternative. Both classes enlisted the help of the children present at the fair.

While the cooking classes were going on, health screenings were held upstairs in the church's sanctuary. The screenings involved measuring blood pressure, cholesterol and body mass index (BMI), in order to give participants information that they could then follow up with their health care providers about. Several participants were, in fact, encouraged to follow up with their doctors based on the screening results.

Evaluation

Our original intention was to have 150 persons in attendance at the health fair. In retrospect, and given the torrential rain we had that day, that number may have been a little too ambitious. We ended up having about 40 people in attendance, and everyone took away information that could improve their both health and quality of life.

CHAPTER 6: INISTERIAL COMPETENCIES

It was agreed upon by myself and the site team that there are two areas of the competency that I should concentrate on while doing the demonstration project. They were leadership and administration. The feedback I received from the site team is that as a leader, I began to delegate responsibilities to others, however, the implementation of those responsibilities was sometimes lacking. As an administrator, the site team and I agreed that I have a working knowledge of administration (for example, goal setting), but need to work on timely execution of those goals (time management).

Administrator competency:

Goal: To develop better time management skills.

Strategies:

1. Read Stephen R. Covey's *The 7 Habits of Highly Effective People*, particularly the chapter on time management, and L Bolman's and T.F Deal's *Reframing organizations: Artistry, choice and Leadership*.
2. Make at least weekly journal entries as to my performance.
3. Meet with my mentor at least once every month for advice and feedback.

Evaluation:

Based on the meetings of advisement with my mentor and journal inputs, my mentor and I will be able to document significant improvements on my part.

Leadership competency:

Goal: To develop techniques to empower team members toward successfully executing delegated responsibilities.

Strategies:

1. Read books like Stephen R. Covey's *The 7 Habits of Highly Effective People* and Bass and Avolio's *Improving Organizational Effectiveness through Transformational Leadership*.
2. Meet with my mentor once or twice monthly for advice and feedback.
3. If possible, attend leadership conference hosted by Bishop Eddie Long. This conference is designed particularly for Black churches.

Evaluation:

Based on the meetings with my mentor and site team, my mentor and I will be able to document my significant progress and improvement in this area.

Administration: Time Management

I started my journey in this section of my ministerial competency hoping to develop better time management skills. The first thing I did was to meet with my mentor Dr. Kirk-Patrick Cohall. Upon meeting with Dr. Cohall, we decided that for this competency I would use Stephen R. Covey's book, *The 7 Habits of Highly Effective People*. This book addresses core principles of time management theory with recent studies done on the subject.

For Covey, time management is much more than having a to-do list or even scheduling events in an appointment book. Covey writes about the four generations of time management. The first three generations of time management theory, according to Covey can be summed up in the phrase "Organize and execute around priorities." The

first, he writes, could be characterized by the use of notes and check lists. The second focuses on using calendars and scheduling events and activities in the future, and the third focuses on setting priorities, goals, and relationships among tasks.[77] In relation to these three time management approaches, I was at times using a little of all three, but most of the time none of any. I had tried to develop a proper time management practice, but kept falling short of my desired goal. For a long time, I was turned off from the idea of time management and was basically making it up as I went along. As you can imagine, this way of living was not working. I now have a better understanding of how to be a better steward of my time by implementing the fourth generation of time management documented by Covey.

The fourth generation of time management according to Covey recognizes that "time management" is really a misnomer. The challenge is not to manage time, but to manage ourselves."[78] Covey writes, "Rather than focus on things and time, fourth generation expectations focus on preserving and enhancing relationships and on accomplishing *results*- in short, on maintaining the P/PC Balance."[79] (The P stands for production of a desired result – the golden egg. The PC stands for production capability – the ability or asset that produces the golden egg). This approach to time management or self management ultimately was what I started to adopt as my way forward in improving in this competency.

Covey teaches that time is spent in one of four ways and that there are two qualities of the tasks at hand that determine our actions: *urgency* and *importance*. Thus, a task can be classified in one of four quadrants: 1) "urgent and important;" 2) "not urgent

[77] Stephen R. Covey *The 7 Habits of Highly Effective People* (New York: Free Pres, 1989, 2004), p. 149.
[78] Ibid, 150.
[79] Ibid.

but important;" 3) "not important but urgent;" and 4) "not important and not urgent." For Covey, spending as much time on not urgent but important things should be our ultimate goal.

For Covey, "not urgent but important," is designated as quadrant 2. This, he says:

> …is the heart of effective personal management….It deals with things like building relationships, writing a personal mission statement, long-range planning, exercising, preventive maintenance, preparation – all those things we know we need to do, but somehow seldom get around to doing, because they aren't urgent.[80]

The quadrant 2 approach is about strengthening relationships. My ultimate purpose as a pastor is about building and strengthening relationships. Thus, this approach, I thought, would enhance my capacity for building relationships with the people I am called to serve. My approach to life has always been through building relationships. I think this comes naturally to me, but I found consciously understanding and applying the principle quite beneficial, especially in preparing my D.Min project. Covey writes:

> The objective of quadrant 2 management is to manage our lives effectively from a center of sound principle, from a knowledge of our personal mission with a focus on the important as well as the urgent, and within the framework of maintaining a balance between increasing our production and increasing our production capability. [81]

The above statement encouraged me to re-examine my approach to management. In order for me to manage my life effectively, I had to seriously contemplate the question of what I consider to be my personal mission and what sound principle looks like to me. This led me to write a personal mission statement. The process of formulating and writing my mission statement was both time consuming and tedious. It took me over a

[80] Ibid, 154.
[81] Ibid, 160.

month to get a working mission statement and even with a working mission statement I am still pressed to rethink, review and rewrite. This is, and will continue to be a working process.

My Mission Statement

My Mission in life is to please God in every area of my life; to live life on purpose with passion and integrity.

As a child of God, I will develop an ongoing relationship with the Lord through daily prayer and study, meditation on the word, and regular fasting.

As a husband, I will only speak words that uplift my wife. I will also love her as Christ loves the Church.

As a father, I will train my daughters and other children the Lord gives me influence over in the way of the Lord and not provoke them to anger.

As a family man, I will be a supportive part of both my own and my wife's family.

As a pastor, I will first do no harm. I will do everything in my ability to help those God has given me influence over to grow in their relationship with the Lord. I will prepare myself at all times to speak what the Lord is saying.

As a scholar and educator, I will live a life of study, learning new things every day, so I can share it with others.

As a D. Min student, I will create and promote a project and write a paper to the best of my ability with integrity.

The idea of writing a mission statement is from Covey's recommendation to "begin with the end in mind." Covey writes, "To begin with the end in mind means to start with a clear understanding of your destination. It means to know where you are going so that you better understand where you are now and so that the steps you take are always in the right direction."[82] This starts by understanding what is important to us. It

[82] Ibid, 98.

is being cognizant of what matters the most. What matters the most to me is outlined on my personal mission statement above.

Covey further expands on this concept. Beginning with the end in mind, he writes, "Is based on the principle that all things are created twice. There's a mental or first creation, and a physical or second creation to all things."[83] Thus, there must first be a mental picture of that which is desired; a visualization of the desired end, before it can be physically manifested. In other words, we are the architects of our own building. We design the blueprint before the product is manufactured.

This concept is not only important for my D. Min project, but has beneficial effects for every aspect of my life. According to Covey, it "is based on principles of personal leadership, which means that leadership is the first creation…. Leadership is not management. Management is the second creation."[84] Thus, leadership and management are two sides of the same coin. In order to be a good manager, we must first start by being good leaders.

After writing my mission statement, I was then ready to begin the second stage of effectively managing my time, or as Covey puts it, "managing myself." I started by examining where I was currently spending my time in relation to Covey's four quadrants. Upon careful examination and soul searching, I realized that I was not spending enough time with quadrant 2 (important but not urgent) activities as I should have. I was spending too much time in quadrant 4 (not important and not urgent) , and then I would become pressed, ending up in quadrant 1 (urgent and important), where I would spend the

[83] Ibid, 99.
[84] Ibid, 101.

majority of my time. This resulted in me being stressed out, which in turn led to my feeling overwhelmed and burnt out.

Quadrant 4 activities are trivial, time wasting activities. Covey's evaluation is that, "effective people stay out of quadrants 3 and 4 because, urgent or not they aren't important. They also shrink quadrant 1 down to size by spending more time in quadrant 2."[85] I was faced with the challenge of making a change from spending time in the "not important" quadrants; to spending more time doing quadrant 2 activities, in order to optimize my time.

I was challenged by Covey's theories on how to think and live preventatively by spending time on quadrant 2 tasks. In other words, I had to learn, and am still learning, how to say yes to the right things, and no to the wrong things, particularly relating to my project. Covey talks about the importance of relationship building in a quadrant 2 lifestyle. I made this a central part of my mission, not only with my site team, but also with the practitioners who would be doing the workshops. I did this by blocking out specific time slots designated for phone calls or meetings with the individuals who were going to be working with me to make this project a success.

These meetings served several purposes. First of all, by meeting with and building relationships with the practitioners, they were able to develop a better understanding of what I wanted to accomplish in the congregation I serve. In return, I got a better feel for who they were and the service they would provide for my congregation. I got to know and understand them, not just as practitioners, but as human beings. These relationships are pivotal to the success of any project of this magnitude. In addition,

[85] Ibid, 153.

building relationships helped to humanize the project. This project is not just about eventually getting a diploma, but also about changing people's lives.

I had started to focus on the principles of time management, but I needed to incorporate the tools necessary for the implementation of these principles. Covey states, "You need a tool that encourages you, actually helps you to spend the time in quadrant 2, so that you are dealing with prevention rather than prioritizing crisis." [86] For Covey, this is done primarily through organizing one's life on a weekly basis.

At first, I was a little hesitant about trying to organize my life because I had tried doing it before. I had gotten a daily planner and an appointment book basically to try to organize my life, but it just did not work for me. I would do it for a week or two but after a while I would go back to my old ways. I was not living and doing it as a principle. I had to make an extra effort to change my perspective and this time, organize my life on a weekly basis.

To accomplish this, it is first necessary to set clear and concise goals. This worked very successfully for my project. I sat down with my site team and mapped out the project from start to finish. In our planning we made allowances for potential changes that may occur, (which there later turned out to be). After setting goals for the project, I organized them through a weekly calendar. My wife was a big help to me on this journey in keeping me true to the process.

Covey believes that planning the rest of the week every Sunday is the best way to manage time, which worked perfectly for me. My approach was to first ask myself the question: what important thing do I want to get done within the next seven days? I did this both for my project as well as for my own personal life. The answer to this question

[86] Ibid, 161.

varied, from reading a book or going to the library to do some research, to setting aside time to spend with the Lord in my developing my spiritual life or spending time with my family. The things that are most important I scheduled in first. Weekly organizing makes planning much easier, as it gives you the flexibility to better handle unforeseen eventualities of daily life as they arise.

Time management or self management is a journey. I am not where I want to be on the journey, but I am not where I was before I started. I started from a laid back, "I will handle it when it happens" perspective. This often left me feeling desperate and overwhelmed. At the end, I also felt guilty because I knew that I could have done better. Now, I am managing my time and my self a little better.

Leadership:

The objective of this ministerial competency was to become a better leader, particularly in the area of project implementation. My site team had determined that I needed to improve on motivating others to complete the assignments delegated to them in a timely manner. It is important not just to get the project done, but to get it done in a timely manner.

I like what author, pastor and motivational speaker Myles Monroe says about leadership. He writes, "Leadership is first being, then doing. It is the ability to inspire others to become and fulfill themselves by you doing the same."[87] Pastor Bill Hybels writes, "Leaders are not the only ones who are energized by the passion of their vision. Followers thrive on it. Whenever I hear a leader communicating a passionate, heartfelt,

[87] Myles Monroe, *Becoming a Leader, Everyone Can Do It*, (Sarasota FL: Bookworld Services, 1999), 29.

God-fearing vision, I am energized whether I want to be or not."[88] Leadership is being passionate about a thing and motivating others so that they become as passionate about that thing as you are.

The challenge for me with this project was first to get the site team and then the rest of the congregation passionate about the issues of sickness and disease that are plaguing our community; and then to make positive changes in their own lives and in the lives of others. This process requires leadership that is transformative. For Bass and Avolio, Transformational Leadership is realized when leaders:

- Stimulate interest among colleagues and followers to view their work from new perspectives.
- Generate awareness of the mission or vision of the team and organization.
- Develop colleagues and followers to higher levels of ability and potential.
- Motivate colleges and followers to look beyond their own interests toward those that will benefit the group.[89]

I found these four points interesting because they line up with what I believe to be the core value of any church ministry. I also realized that in order to get these principles working in an organization, it takes a concerted effort by the leader. The first step in this process was to realize that leadership is much more than just declaring that you are the pastor of this church or the leader of this organization. The first step in transformative leadership is being aware of the influence of one's leadership role. Like a surgeon who uses a scalpel in a specific surgical procedure to get a desired result, so a leader should employ the tools necessary to acquire a particular result and be mindful of what he or she is doing.

[88] Bill Hybels, *Courageous Leadership* (Michigan: Zondervan, 2002), 35.
[89] Bernard M. Bass, Bruce J. Avolio, *Organizational Effectiveness, Through Improving Transformational Leadership*. (London: SAGE Publications, 1994), 2.

Transformational leaders, according to Bass and Avolio, accomplish superior results by employing one or more of the "four I's": *idealized influence*; *inspirational motivation*; *intellectual stimulation*, and *individual consideration*. The two I's that I found to pertain to my church setting and were very helpful to my project are *idealized influence* and *inspirational motivation*.

For *idealized influence* Bass and Avolio write, "Transformational leaders behave in ways that result in their being role models for their followers. The leaders are admired, respected, and trusted. Followers identify with the leaders and want to emulate them."[90] This model works well with my core leadership style. I was able to use this leadership model very effectively in the project as the model suggests by being a role model. The project is about changing one's lifestyle that would promote a healthier body. I started to change my lifestyle by eating healthier and exercising, thus inspiring some, but not all, in the congregation to also change their diet and exercise.

On *inspirational motivation*, Bass and Avolio write, "Transformational leaders behave in ways that motivate and inspire those around them by providing meaning and challenge to their followers' work. Team spirit is aroused. Enthusiasm and optimism are displayed."[91] The church setting is well designed for this model to thrive because this is what pastors do. Pastors motivate and inspire their parishioners to transformation. I used this model in my preaching and bible study. I used the forum I have, which is the pulpit, to proclaim the good news of healthy eating and exercise for a healthier body. To me, these two models speak to the heart of leadership: people development and people transformation.

[90] Ibid, 3.
[91] Ibid.

I will now address the issue central to this competency. The site team wanted me to develop a more effective way of delegating responsibility. Karl W. Kuhnert, a contributing writer in Bass and Avolio's book, writes on delegation and development. Kuhnert defines delegation as "the assignment of responsibility and authority to another."[92] He further writes, "To understand the process of delegation, we must first examine in greater detail the orientation or perspective of the delegating manager or leader."[93] Here is another example of leadership starting with the leader.

Kuhnert expounds on three models of delegation: the transactional operator; the team player and the transformational "self-defining" leader. After reading about all three models of delegation, I was able to identify the model I was most comfortable using and the ideal delegation model for me to use.

In examining the three models, I recognized myself to be more aligned with the team player model. Describing the team player model, Kuhnert writes, "The team player's stock-in-trade is connection and relationships with others. Team players define themselves by how others view them, are motivated to maintain good interpersonal relations among members of the work team or with individual colleges, and are highly sensitive to how others feel."[94] At face value, this may look like a positive approach to delegating work to others, but Kuhnert argues that team players have some significant defects. Kuhnert writes:

> Their perspectives are unduly influenced by concerns for their relations, connections, and loyalties. In other words, team players are disproportionately controlled by others' views of them. Because follower acceptance and support are paramount for team players, they are unlikely to delegate problems that may entail a loss of respect. It is unlikely that team players would delegate authority that might undermine the work

[92] Ibid, 11.
[93] Ibid, 12.
[94] Ibid, 16.

> teams' cohesiveness, even where a temporary loss of cohesiveness may be necessary to achieve a particular critical task.[95]

I am naturally a very relationship-oriented person. I am always trying to hold everyone together. Being a pastor, I have worked comfortably within the team player model approach to delegating responsibility. Out of caring about the congregation and sometimes not wanting to be a bother to anyone, I would do all the work by myself. Sometimes I would delegate responsibilities to others, but because of a lack of clarity and proper time management many of those responsibilities ended up not getting done. Obviously, this is not the right method for leading a successful ministry or organization.

On the other hand, the transformational "self-defining" leader is what I should strive to be. Concerning this model, Kuhnert writes:

> Such leaders tend to be self-defining by having strong internalized values and ideals. They are able and willing to forgo personal payoffs and, when necessary, to risk loss of respect and affection to pursue actions that are self-determined: not in a self-serving way, but in a manner that allows them to make tough, unpopular decisions. They exhibit a strong sense of inner purpose and direction, which often is viewed by others as the great strength of their leadership….The self-defining leader is the first leader who comfortably can delegate autonomy and individuality to others and develop them in ways that can enhance learning and build a high-performance team work environment."[96]

Self-defining leaders see the big picture, and delegate in order to accomplish that which is greater than themselves and their followers. This self sacrificing model has helped me to realize that it is not about me. This model emphasizes that which is bigger than one's own self.

Using this model was useful in the project because it enhanced the importance of team work. The project started out by raising the congregation's awareness of the

[95] Ibid, 17.
[96] Ibid, 18, 19.

importance of caring for their bodies. One way of doing this was through inserting health tips and news in the church pamphlets on Sunday mornings. I started out doing this by myself. This required me doing the research, typing it up, and going to Staples on Sunday mornings to get them printed. Only a few weeks into the project, I was experiencing burnout.

With the self-defining leadership model in mind, I started by first giving the typing and printing to one of my site team members. As you can imagine the load was much lighter. The next step was to give the entire pamphlet over to my site team. The site team soon started to do the research as well as the typing and printing. By the time the project was over, the whole congregation was researching articles on health for our pamphlet. It was no longer my project; it was now our project. The congregation had taken ownership of project and I was only the one spearheading its development.

Evaluation

I communicated with Dr. Cohall on January 19, 2009 via telephone to discuss the progress I have made with my ministerial competencies. His assessment, after meeting with me several times and reading what I have journaled, was that I have started the journey of becoming a better leader and administrator. A written evaluation is available in Appendix C.

APPENDIXES

Appendix A:

BARACK OBAMA AND JOE BIDEN'S PLAN TO LOWER HEALTH CARE COSTS AND ENSURE AFFORDABLE, ACCESSIBLE HEALTH COVERAGE FOR ALL

Health care costs are skyrocketing. Health insurance premiums have doubled in the last 8 years, rising 3.7times faster than wages in the past 8 years, and increasing co-pays and deductibles threaten access to care.[1]Many insurance plans cover only a limited number of doctors' visits or hospital days, exposing families to unlimited financial liability. Over half of all personal bankruptcies today are caused by medical bills.[2] Lack of affordable health care is compounded by serious flaws in our health care delivery system. About 100,000 Americans die from medical errors in hospitals every year.[3] One-quarter of all medical spending goes to administrative and overhead costs, and reliance on antiquated paper-based record and information systems needlessly increases these costs.[4]

Tens of millions of Americans are uninsured because of rising costs.

Over 45 million Americans[5]—including over 8 million children[6]—lack health insurance. Eighty percent of the uninsured are in working families.[7] Even those with health coverage are struggling to cope with soaring medical costs. Skyrocketing health care costs are making it increasingly difficult for employers, particularly small businesses, to provide health insurance to their employees.

Underinvestment in prevention and public health.

Too many Americans go without high-value preventive services, such as cancer screening and immunizations to protect against flu or pneumonia. The nation faces epidemics of obesity and chronic diseases as well as new threats of pandemic flu and bioterrorism. Yet despite all of this less than 4 cents of every health care dollar is spent on prevention and public health.[8] Our health care system has become a disease care system, and the time for change is well overdue.

OBAMA-BIDEN PLAN TO PROVIDE AFFORDABLE, ACCESSIBLE HEALTH CARE TO ALL

Barack Obama and Joe Biden's plan strengthens employer–based coverage, makes insurance companies accountable and ensures patient choice of doctor and care without government interference. Under the plan, if you like your current health insurance, nothing changes, except your costs will go down by as much as $2,500 per year. If you don't have health insurance, you will have a choice of new, affordable health insurance options.

Inefficient and poor quality care costs the nation at least $50 to $100 billion every year.[9] Billions more are wasted on administration and overhead because of inefficiencies in the health care system.[10] And given current trends, this problem will only get worse as health care spending is expected to double within the next decade.[11]

A growing body of research points to substantial opportunities to improve quality while reducing the costs of care. Health care systems in many parts of the country deliver high quality care to the populations they serve at half the cost of other equally renowned academic medical centers in other parts of the country.[12] The key is to provide information, incentives and support to help physicians and others work together to improve quality ofcare while reducing costs.

Barack Obama and Joe Biden believe we must redesign our health system to reduce inefficiency and waste and improve health care quality, which will drive down costs for

families and individuals. The Obama-Biden plan will improve efficiency and lower costs in the health care system by: (1) adopting state-of-the-art health information technology systems; (2) ensuring that patients receive and providers deliver the best possible care, including prevention and chronic disease management services; (3) reforming our market structure to increase competition; and offering federal reinsurance to employers to help ensure that unexpected or catastrophic illnesses do not make health insurance unaffordable or out of reach for businesses and their employees.

(1) INVEST IN ELECTRONIC HEALTH INFORMATION TECHNOLOGY SYSTEMS. Most medical records are still stored on paper, which makes them difficult to use to coordinate care, measure quality, or reduce medical errors.

Processing paper claims also costs twice as much as processing electronic claims.[13] Barack Obama and Joe Biden will invest $10 billion a year over the next five years to move the U.S. health care system to broad adoption of standards-based electronic health information systems, including electronic health records. They will also phase in requirements for full implementation of health IT and commit the necessary federal resources to make it happen. Barack Obama and Joe Biden will ensure that these systems are developed in coordination with providers and frontline workers, including those in rural and underserved areas. Barack Obama and Joe Biden will ensure that patients' privacy is protected. A study by the Rand Corporation found that if most hospitals and doctors offices adopted electronic health records, up to $77 billion of savings would be realized each year through improvements such as reduced hospital stays, avoidance of duplicative and unnecessary testing, more appropriate drug utilization, and other efficiencies.[14]

(2) IMPROVE ACCESS TO PREVENTION AND PROVEN DISEASE MANAGEMENT PROGRAMS.

Experts agree that several steps should be taken immediately to help patients get the care they need and to help providers improve medical practice. Barack Obama and Joe Biden will expand and support these and other efforts to lower costs and improve health outcomes.

HELP PATIENTS

 Support disease management programs. Over seventy-five percent of total health care dollars are spent on patients with one or more chronic conditions, such as diabetes, heart disease, and high blood pressure.[15] Many patients with chronic diseases benefit greatly from disease management programs, which help patients manage their condition and get the care they need.[16] Barack Obama and Joe Biden will require that plans that participate in the new public plan, Medicare or the Federal Employee Health Benefits Program (FEHBP) utilize proven disease management programs. This will improve quality of care and lower costs, as well.

LOWER COSTS TO MAKE OUR HEALTH CARE SYSTEM WORK FOR PEOPLE AND BUSINESSES – NOT JUST INSURANCE COMPANIES

 Coordinate and integrate care. Rates of chronic diseases have skyrocketed in the last 2 decades.[17]

Over 133 million Americans have at least one chronic disease.[18] With proper care, the onset and progression of these diseases can be contained for many years. In addition to the needless suffering and early death they cause, these chronic conditions cost a

staggering $1.7 trillion yearly.[19] Barack Obama and Joe Biden will support providers to put in place care management programs and encourage team care through implementation of medical home type models that will improve coordination and integration of care of those with chronic conditions.

 Require full transparency regarding quality and costs. Health care quality and costs can vary tremendously among hospitals and providers; however, patients have limited access to this information.[20] Barack Obama and Joe Biden will require hospitals and providers to collect and publicly report measures of health care costs and quality, including data on preventable medical errors, nurse staffing ratios, hospital-acquired infections, and disparities in care and costs. Health plans will be required to disclose the percentage of premiums that actually goes to paying for patient care as opposed to administrative costs.

ENSURE PROVIDERS DELIVER QUALITY CARE

 Promote patient safety. Barack Obama and Joe Biden will require providers to report preventable medical errors, and support hospital and physician practice improvement to prevent future errors.

 Align incentives for excellence. Both public and private insurers tend to pay providers based on the volume of services provided, rather than the quality or effectiveness of care.[21] Barack Obama and Joe Biden will accelerate efforts to develop and disseminate best practices, and align reimbursement with provision of high quality health care. Providers who see patients enrolled in the new public plan, the National Health Insurance Exchange, Medicare and FEHB will be rewarded for achieving performance thresholds on physician-validated outcome measures.

 Comparative effectiveness reviews and research. One of the keys to eliminating waste and missed opportunities is to increase our investment in comparative effectiveness reviews and research. This information is developed by reviewing existing literature, analyzing electronic health care data, and conducting simple, real world studies of new technologies. Barack Obama and Joe Biden will establish an independent institute to guide reviews and research on comparative effectiveness, so that Americans and their doctors will have accurate and objective information to make the best decisions for their health and well-being.

 Tackle disparities in health care. Although all Americans are affected by problems with our health care delivery system, an overwhelming body of evidence demonstrates that certain populations are significantly more likely to receive lower quality health care than others. Barack Obama and Joe Biden will tackle the root causes of health disparities by addressing differences in access to health coverage and promoting prevention and public health, both of which play a major role in addressing disparities. They will also challenge the medical system to eliminate inequities in health care by requiring hospitals and health plans to collect, analyze and report health care quality for disparity populations and holding them accountable for any differences found; diversifying the workforce to ensure culturally effective care; implementing and funding evidence-based interventions, such as patient navigator programs; and supporting and expanding the capacity of safety-net institutions, which provide a disproportionate amount of care for underserved populations with inadequate funding and technical resources.

 Reform medical malpractice while preserving patient rights. Increasing medical malpractice insurance rates are making it harder for doctors to practice medicine[22] and

raising the costs of health care for everyone.[23] Barack Obama and Joe Biden will strengthen antitrust laws to prevent insurers from overcharging physicians for their malpractice insurance. Barack Obama and Joe Biden will also promote new models for addressing physician errors that improve patient safety, strengthen the doctor patient relationship, and reduce the need for malpractice suits.

(3) LOWER COSTS BY TAKING ON ANTICOMPETITIVE ACTIONS IN THE DRUG AND INSURANCE COMPANIES.

It is not right that Americans families are paying skyrocketing premiums while drug and insurance industries are enjoying record profits. These companies benefit most from the status quo and in many cases are the greatest obstacles to reform. The Obama-Biden plan will tackle needless waste and spiraling costs by increasing competition in the insurance and drug markets.

 Increasing competition in the insurance industry. The insurance business today is dominated by a small group of large companies that has been gobbling up their rivals. In recent years, for-profit companies have bought up not-for-profit insurers around the country. There have been over 400 healthcare mergers in the last 10 years and just two companies dominate a full third of the national market.[24]

These changes were supposed to make the industry more efficient, but instead premiums have skyrocketed, increasing over 87 percent over the past six years.[25] Over the same time period, insurance administrative overhead has been the fastest-growing component of health spending. The 2007

Commonwealth Fund Commission on a High Performance Health System reported that between 2000 and 2005, administrative overhead – including both administrative expenses and insurance industry profits – increased 12.0 percent per year, 3.4 percentage points faster than the average health expenditure growth of 8.6 percent.[26]

And while health care costs continue to rise for families, CEOs of these insurance companies have received multi-million dollar bonuses.[27] Barack Obama and Joe Biden will prevent companies from abusing their monopoly power through unjustified price increases. In markets where the insurance business is not competitive, their plan will force insurers to pay out a reasonable share of their premiums for patient care instead of keeping exorbitant amounts for profits and administration. Barack Obama and Joe Biden's new National Health Insurance Exchange will also help increase competition by insurers.

 Prevent private insurance waste and abuse in Medicare. Medicare's private plan alternative, called

Medicare Advantage, was established to increase competition and reduce costs. But independent reports show that on average the government pays *12 percent more* than it costs to treat comparable beneficiaries through traditional Medicare.[28] These excessive subsidies cost the government billions of dollars every year and create an incentive structure that has led to fraudulent abuses of seniors. Barack

Obama and Joe Biden believe we need to eliminate the excessive subsidies to Medicare Advantage plans and pay them the same amount it would cost to treat the same patients under regular Medicare.

 Allow consumers to import safe drugs from other countries. The second-fastest growing type of health expenses is prescription drugs.[29] Pharmaceutical companies should profit when their research and development results in a groundbreaking new drug. But some companies are exploiting Americans by dramatically overcharging U.S.

consumers. These companies are selling the exact same drugs in Europe and Canada but charging Americans a 67 percent premium.[30] Barack Obama and Joe Biden will allow Americans to buy their medicines from other developed countries if the drugs are safe and prices are lower outside the U.S.

 Prevent drug companies from blocking generic drugs from consumers. Some drug manufacturers are explicitly paying generic drug makers not to enter the market so they can preserve their monopolies and keep charging Americans exorbitant prices for brand name products.[31] The Obama-Biden plan will work to ensure that market power does not lead to higher prices for consumers. Their plan will work to increase use of generic drugs in the new public plan, Medicare, Medicaid, FEHBP and prohibit large drug companies from keeping generics out of markets.

 Allow Medicare to negotiate for cheaper drug prices. The 2003 Medicare Prescription Drug

Improvement and Modernization Act bans the government from negotiating down the prices of prescription drugs, even though the Department of Veterans Affairs' negotiation of prescription drug prices with drug companies has garnered significant savings for taxpayers.[32] Barack Obama and Joe Biden will repeal the ban on direct negotiation with drug companies and use the resulting savings, which could be as high as $30 billion,[33] to further invest in improving health care coverage and quality.

(4) REDUCE COSTS OF CATASTROPHIC ILLNESSES FOR EMPLOYERS AND THEIR EMPLOYEES.

Catastrophic health expenditures account for a high percentage of medical expenses for private insurers.[34] In fact, the most recent data available reveals that the top five percent of people with the greatest health care expenses in the U.S. account for 49 percent of the overall health care dollar.[35] For small businesses, having a single employee with catastrophic expenditures can make insurance unaffordable to all of the workers in the firm. The Obama-Biden plan would reimburse employer health plans for a portion of the catastrophic costs they incur above a threshold if they guarantee such savings are used to reduce the cost of workers' premiums. Offsetting some of the catastrophic costs would make health care more affordable for employers, workers and their families.

Barack Obama and Joe Biden will guarantee affordable, accessible health care coverage for all Americans.

Currently, there are over 45 million Americans lacking health insurance, and millions more are at risk of losing their coverage due to rising costs.[36] Rising costs are also a burden on employers, particularly small businesses, which are increasingly unable to provide health insurance coverage for their employees and remain competitive.

Nearly two million fewer Americans receive health insurance coverage through their employers now compared to eight years ago,[37] and this trend shows no sign of slowing down. It is simply too expensive for individuals and families to buy insurance directly on the open market and impossible for many with pre-existing conditions.

The Obama-Biden plan both builds on and improves our current insurance system, which most Americans continue to rely upon, and leaves Medicare intact for older and disabled Americans. Under the Obama-Biden plan, Americans will be able to maintain their current coverage, have access to new affordable options, and see the quality of their health care improve and their costs go down. The Obama-Biden plan provides new affordable health insurance options by: (1) guaranteeing eligibility for all health insurance plans; (2) creating a

National Health Insurance Exchange to help Americans and businesses purchase private health insurance; (3) providing new tax credits to families who can't afford health insurance and to small businesses with a new
Small Business Health Tax Credit; (4) requiring all large employers to contribute towards health coverage for their employees or towards the cost of the public plan; (5) requiring all children have health care coverage; (5) expanding eligibility for the Medicaid and SCHIP programs; and (6) allowing flexibility for state health reform plans.

(1) GUARANTEED ELIGIBILITY.
Obama and Biden will require insurance companies to cover pre-existing conditions so all Americans, regardless of their health status or history, can get comprehensive benefits at fair and stable premiums.

(2) NEW AFFORDABLE, ACCESSIBLE HEALTH INSURANCE OPTIONS.
The Obama-Biden plan will create a National Health Insurance Exchange to help individuals purchase new affordable health care options if they are uninsured or want new health insurance. Through the Exchange, any American will have the opportunity to enroll in the new public plan or an approved private plan, and income-based sliding scale tax credits will be

AFFORDABLE, ACCESSIBLE COVERAGE OPTIONS FOR ALL

provided for people and families who need it. Insurers would have to issue every applicant a policy and charge fair and stable premiums that will not depend upon health status. The Exchange will require that all the plans offered are at least as generous as the new public plan and meet the same standards for quality and efficiency.
Insurers would be required to justify an above-average premium increase to the Exchange. The Exchange would evaluate plans and make the differences among the plans, including cost of services, transparent.
The Exchange will have the following features:

- **Comprehensive benefits.** The benefit package will be similar to that offered through the Federal
Employees Health Benefits Program (FEHBP), the program through which Members of Congress get their own health care. Plans will include coverage of all essential medical services, including preventive, maternity and mental health care.
- **Affordable premiums, co-pays and deductibles.** Participants will be charged fair premiums and minimal co-pays for deductibles for preventive services.
- **Simplified paperwork.** The plan will simplify paperwork for providers and will increase savings to the system overall.
- **Easy enrollment.** All Exchange health insurance plans will be simple to enroll in and provide ready access to coverage.
- **Portability and choice.** Participants will be able to move from job to job without changing or jeopardizing their health care coverage.
- **Quality and efficiency.** Participating hospitals and providers that participate in the new public plan will be required to collect and report data to ensure that standards for health care quality, health information technology and administration are being met.

(3) TAX CREDITS FOR FAMILIES AND SMALL BUSINESSES. Barack Obama and Joe Biden understand that too many families that do not qualify for public health programs like Medicaid and SCHIP have trouble finding affordable health insurance. They know from talking to small business owners across the nation that the skyrocketing cost of healthcare poses a serious competitive threat to America's small businesses. The Obama-Biden

health care plan will provide tax credits to all individuals who need it for their premiums. They will also create a new Small Business Health Tax Credit to provide small businesses with a refundable tax credit of up to 50 percent on premiums paid by small businesses on behalf of their employees. To be eligible for the credit, small businesses will have to offer a quality health plan to all of their employees and cover a meaningful share of the cost of employee health premiums.

(4) EMPLOYER CONTRIBUTION. Large employers that do not offer meaningful coverage or make a meaningful contribution to the cost of quality health coverage for their employees will be required to contribute a percentage of payroll toward the costs of the national plan. Small businesses will be exempt from this requirement.

(5) REQUIRE COVERAGE OF CHILDREN. Barack Obama and Joe Biden will require that all children have health care coverage. Barack Obama and Joe Biden will expand the number of options for young adults to get coverage by allowing young people up to age 25 to continue coverage through their parents' plans.

(6) EXPANSION OF MEDICAID AND SCHIP. Barack Obama and Joe Biden will expand eligibility for the
Medicaid and SCHIP programs and ensure that these programs continue to serve their critical safety net function.

(7) FLEXIBILITY FOR STATE PLANS. Due to federal inaction, some states have taken the lead in health care reform. Under the Obama-Biden plan, states can continue to experiment, provided they meet the minimum standards of the national plan.

Covering the uninsured and modernizing America's health care system are urgent priorities, but they are not enough. This nation is facing a true epidemic of chronic disease. An increasing number of Americans are suffering and dying needlessly from diseases such as obesity, diabetes, heart disease, asthma and HIV/AIDS, all of which can be delayed in onset if not prevented entirely. One in 3 Americans—133 million—have a chronic condition, and children are increasingly being affected.[38] Five chronic diseases—heart disease, cancer, stroke, chronic obstructive pulmonary disease, and diabetes—cause over two-thirds of all deaths each year.[39]

In addition to the tremendous human cost, chronic diseases exact a tremendous financial toll on our health care resources. Care for patients with diabetes costs $130 billion each year alone, and this amount is growing.[40]

Tackling chronic diseases is also straining our public health departments and finances, which are already stretched too thin carrying out traditional public health functions, which include ensuring our water is safe to drink, the air is safe to breathe, and our food is safe to eat.

Barack Obama and Joe Biden believe that protecting and promoting health and wellness in this nation is a shared responsibility among individuals and families, school systems, employers, the medical and public health workforce, and federal and state and local governments. All parties must do their part, as well as collaborate with one another, to create the conditions and opportunities that will allow and encourage Americans to adopt healthy lifestyles.

(1) EMPLOYERS. Reduced workforce productivity from illness and disability represents an additional drain on business. To address employee health, an increasing number of employers are offering worksite health promotion programs, onsite clinical preventive services such as flu vaccinations, nutritious foods in cafeterias and vending machines, and exercise facilities. Equally important, many employers choose insurance plans that

cover preventive services for their employees. Barack Obama and Joe Biden believe that worksite interventions hold tremendous potential to influence health and they will expand and reward these efforts.

(2) SCHOOL SYSTEMS. Childhood obesity is nearly epidemic,[41] particularly among minority populations,[42] and school systems can play an important role in tackling this issue. For example, only about a quarter of schools adhere to nutritional standards for fat content in school lunches.[43] Barack Obama and Joe Biden will work with schools to create more healthful environments for children, including assistance with contract policy development for local vendors, grant support for school-based health screening programs and clinical services, increased financial support for physical education, and educational programs for students.

(3) WORKFORCE. Primary care providers and public health practitioners have and will continue to lead efforts to protect and promote the nation's health. Yet, the numbers of both are dwindling,[44] and the existing workforce is further challenged by inadequate training for new health threats such as bioterrorism and avian flu, antiquated funding and reimbursement mechanisms, and limited access to real-time information and technical support. Barack Obama and Joe Biden will expand funding—including loan repayment, adequate reimbursement, grants for training curricula, and infrastructure support to improve working conditions— to ensure a strong workforce that will champion prevention and public health activities.

PROMOTING PREVENTION & STRENGTHENING PUBLIC HEALTH

(4) INDIVIDUALS AND FAMILIES. Preventive care only works if Americans take personal responsibility for their health and make the right decisions in their own lives – if they eat the right foods, stay active, and stop smoking.

Barack Obama and Joe Biden will ensure that all Americans are empowered to monitor their health by ensuring coverage of essential clinical services in all federally supported health plans, including Medicare, Medicaid, SCHIP and the new public plan. Americans also benefit from healthy environments that allow them to pursue healthy choices and behaviors that can help ward off chronic and preventable diseases. Healthy environments include sidewalks, biking paths and walking trails; local grocery stores with fruits and vegetables; restricted advertising for tobacco and alcohol to children; and wellness and educational campaigns. In addition, Barack Obama and Joe Biden will increase funding to expand community based preventive interventions to help Americans make better choices to improve their health.

(5) FEDERAL, STATE, AND LOCAL GOVERNMENTS. The federal government and state and local governments play critical roles across the full range of disease prevention and health promotion activities. First, working together, governments at all levels should lead the effort to develop a national and regional strategy for public health and align funding mechanisms to support its implementation. Second, the field of public health would benefit from greater research to optimize organization of the 3,000 health departments in this nation,[45] collaborative arrangements between levels of government and its private partners, performance and accountability indicators, integrated and interoperable communication networks, and disaster preparedness and response. Third, the government must invest in workforce recruitment as well as modernizing our physical structures, particularly our public health laboratories. And finally, the government must examine its

own policies, including agricultural, educational, environmental and health policies, to assess and improve their effect on public health in this nation. Barack Obama and Joe Biden will prioritize all of these activities, to ensure a 21st century public health system and healthy America. Paid for by Obama for America Printed in House [1] Kaiser Family Foundation and Health Research and Educational Trust. (2008). *Employer Health Benefits 2008*, http://kff.org/insurance/7527/index.cfm; Bureau of Labor Statistics, Sept. 2008

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Appendix B1:

Health Tips & News

Apples may help prevent colon cancer

(Nutrition (Elsevier), 03/28/2008)

A study published in the April issue of Nutrition suggests that apple pectin and polyphenol-rich apple juice have an anticarcinogenic effect on the colon, encouraging the production of suspected chemopreventative metabolite butyrate. Butyrate is a short chain fatty acid (SCFA) that has been found to be a major factor contributing to healthy colon mucosa.

"Butyrate not only serves as a major nutrient for the colon epithelia but is also thought to play an important role in the protective effect of natural fiber against colorectal cancer," said the German research team, led by Dieter Schrenk.

The study presents a base for further study into colon cancer prevention, which is the third most prolific type of cancer in western industrialized countries. This form of cancer causes 650,000 deaths a year.

Have your tomatoes and eat it too.

People who had higher intake of foods containing lycopene, showed lower risk of developing prostate concerning a study that rated incidence of prostate cancer with various food intakes, including "carotenoids, retinol, fruits and vegetables."

Although only the lycopene containing foods showed measurable association to reduction of risk, study suggests increasing all fruits and vegetables in diet, including tomato based and other lycopene containing foods, to reduce prostate cancer risk.

Healthy Recipes

Ital Soup

Ingredients

- 1 lb (450 g) yams (about 2 medium), cut into 2" (5 cm) pieces
- 1/2 lb (225 g) sweet potatoes (1 medium), cut into 2" (5 cm) pieces
- 1 can coconut milk (can use low-fat if desired)
- 3 cups (700 ml) vegetable broth
- 1 lb (450 g) fresh pumpkin OR butternut squash, peeled & cut into 2" (5 cm) pieces
- 1/2 lb (225 g) carrots (about 3 medium), peeled and sliced
- 1 lb (450 g) fresh callaloo OR 1 can (19 oz / 538 g) callaloo, drained OR 1/2 lb (225 g) fresh spinach + 1/2 lb (225 g) fresh kale
- 1 chayote squash
- 1 green pepper
- 2 medium-sized t
- 2 cloves garlic
- 3 spring onions or scallions
- 5 - 6 cups shredded cabbage
- 1 hot pepper, minced (include the seeds if you like it very hot)
- Freshly ground black pepper and salt, to taste

Directions

1. Place the yams and sweet potatoes in a large stockpot with the coconut milk and vegetable broth. Add the pumpkin (or vutternut squash) and the carrots. Bring to a boil and simmer for about 10 minutes.
2. While the root vegetables simmer, carefully wash the callaloo (or the spinach + kale), trimming away any thick stems. Chop (roughly) and set aside.
3. Simmer for about 20 minutes until the vegetables are tender. Season with plenty of freshly ground black pepper and salt if needed.
4. You can puree vegetable for richer soup.

Destiny Deliverance Ministries
&
United Faith Ministries

Pastor Francis Henry
Pastor Lynnette Howard

Moving to my Healthy place

On the Path to
Health Hope & Healing

Sunday April 20, 2008

Men's Sunday

United Destiny Ministries

Health Tips & News

Weight Loss as Simple as Getting Some Extra Sleep?

New research suggests that sleep affects levels of leptin and ghrelin, key appetite-regulating hormones, and that people who don't get enough sleep tend to weigh more.

"There is a dynamic balance between proper sleep and proper health. Sleep deprivation affects weight and a lot of other things. If you cheat sleep, there are a number of consequences, including affecting your hormones, appetite and mood," said Dr. Patrick Strollo, medical director of the University of Pittsburgh Medical Center's Sleep Medicine Center.

"Hormones change with sleep loss and deprivation," researchers found. "Sleep deprivation can affect appetite and also the type of food that one desires. When you're sleep-deprived, you generally don't crave carrot sticks."

Dr. Michelle May, author of Am I Hungry? What To Do When Diets Don't Work states, "When you're tired, you're less resilient to stress and other common emotional triggers for eating. When you eat to help you cope with emotions, you're more likely to choose comfort foods like chocolate, ice cream or chips. And, since eating only helps temporarily, you may find yourself reaching for food again and again to try to make yourself feel better.

"Getting enough sleep is the best way to prevent sleep deprivation from contributing to weight gain," May advises. "When you aren't able to get your Zzzs, pay more attention to how much you eat and how you handle fatigue and stress. A short walk will be a better energy boost than a trip to the candy machine."

Healthy Recipes

Ginger Hopper

Nutrisip: Ginger has been shown in scientific studies to have anti-inflammatory properties, which makes this drink especially good for anyone suffering with arthritis, bursitis, sore throat, or any other inflammatory condition.
Makes about 8 ounces
1/2 Red or Golden Delicious organic apple, washed
5 medium carrots, scrubbed well, tops removed, ends trimmed
1/2- to 1-inch piece ginger root, washed
Cut the apple into sections. Juice it with the carrots and ginger. Stir the juice and pour into a glass. Serve at room temperature or chilled, as desired.

Destiny Deliverance Ministries
&
United Faith Ministries

Pastor Francis Henry
Pastor Linnette Howard

Moving to my Healthy place

On the Path to
Health Hope & Healing

Sunday April 13, 2008

Women's Sunday

United Destiny Ministries

Appendix B2:

Health Sermon Outline

Date: March 30, 2008

Title of Sermon: I Wish That You Would Prosper and Be In Good Health

Scripture: III John 1 - 2

Speaker: Rev. Francis D. Henry

It is my intention today to bring awareness as we begin this journey, "On the Path to Health, Hope, and Healing;

- We need to be reminded constantly, that our body is the temple of the Lord.
- Therefore we need to care for our bodies.
- Studies have proven that many good Christians die prematurely, because they fail to take good care of their bodies.
- The scripture declares, "With long life will I satisfy him, and show him my salvation" (Psalms 91:16).

Our bodies will take us to our financial and societal prosperity:

- It is highly impossible for us to acquire many of our dreams if our bodies are not in tip top shape.
- There are many who are experiencing (dis-ease), dis-comfort, and are Holy Ghost filled, and on their way to heaven.

Historically, the church is a place of healing.

- It is where, for the most part, we are confident that Jehovah Rafah will heal.
- God has affection for us.
- Wishes above all things that we prosper and be in good health.

Healing is a part of God's character.

- Exodus 15: 23 – 27, tells us that God has promised not to cause any diseases to come upon us, but rather, He is the Lord that healeth us.
- This is more than enough to tell us that God wants us well.
- The Lord has been mindful of us; therefore, we need to give Him thanks for all His wonderful acts to act.
- The Psalmist David writes in Psalms 103:1 - 2, "Bless the Lord, O my soul: and all that is within me, bless his holy name. Bless the Lord, O my soul, and forget not his benefits."
- God has many benefits for us, but sometimes we tend to forget.
- One of God's benefits is that He forgives all our iniquities.
- It is God's nature for His people to be well.

God does not only meet our spiritual need, but He also meets our physical needs.

- In Psalms 147:3, we read, "He healeth the broken in heart, and bindeth up their wounds."
- It is God's desire that the complete man be healed.
- Luke 4:18 states, "The Spirit of the Lord is upon me, because he hath anointed me to preach the gospel to the poor; he hath sent me to heal the broken hearted, to preach deliverance to the captives, and recovering of sight to the blind, to set at liberty them that are bruised."
- The church then, ought to be the agent of deliverance.

Date: April 6, 2008

Title of Sermon: Your Body is God's Temple

Scripture: Romans: 12: 1-2

Speaker: Rev. Francis D. Henry

If you present your body, God will present the spirit.

- Our bodies must be preserved for God.
- During the Old Testament, the sacrifices that were presented were dead.
- God wants a living sacrifice.
- God has no use for dead bodies.
- God wants our bodies to be alive.

Without the spirit the body is dead.

- The spirit is worthless without a body.
- God is calling upon us to live.
- We need to declare that we shall not die but live
- We need to not just merely live, but life to our utmost potential.
- It is possible for us to live a long and healthy life.

We need to present our bodies, souls and spirit to God.

- We cannot think of our bodies like the world.
- We cannot treat our bodies like the world.
- According to I Cor. 6:13, "Meats for the belly, and the belly for meats: but God shall destroy both it and them. Now the body is not for fornication, but for the Lord; and the Lord for the body."

Your body is the most important place on earth.

- The body was made to contain God.
- God chose your body to dwell in.
- Our bodies are the dwelling place for the Holy Spirit.
- Hebrews 10:5 states, "Wherefore, when he cometh into the world, he saith, Sacrifice and offering thou wouldest not, but a body hast thou prepared me."

Your body is the greatest treasure on the earth.

- God's manifestation in the earth, can only be experienced through the body.
- Taking care of your body is linked to your purpose.
- Our purpose is directly in proportion to our health.

We need to take the initiative by making a resolution to better care for our bodies.

- We need to substitute sugar with honey.
- Use half the salt in our diet.
- Go the bed early.
- The best sleep in between 10: 00 p.m. and 2:00 a.m.
- You are God's chosen vessel, in earthen treasure.
- Take care of your treasure.

How Can I Participate in the Survey Study?

1. There are **3** sections:
   1) a short questionnaire;
   2) an interview about your diet;
   3) a brief health screening.
2. It will take about 1 – 1 ½ hours to complete.
3. We also need you to sign consent forms that say it is ok to use your information in our research.
4. Once you have finished the interview, we will reimburse you for your time.
5. We will be there twice a month for interviews. Check the Co-op's bulletin board in the front of the store for the dates and times.
6. **All personal information, like name and address, will be kept completely confidential.**
7. To participate, call Susan Filomena at 212-241-5310.

Mark Your Calendars!

Cooking Class and Nutrition Workshop Events:

~ALL REGULARLY SCHEDULED CLASSES ARE HELD AT THE FOOD CO-OP AT NO COST TO PARTICIPANTS:
419 NEW LOTS AVE, FROM 4 PM - 5:30 PM ~

Feb 9: Salts and Sweets
Feb 23: Fats in my Diet
March 8: Understanding Box Labels
March 22: Cooking with Kids
Check the Co-op's bulletin board for workshop dates thru December 2008

Masters students in Public Health Education at Hunter College,like Tracey Patterson (above) give most of the nutrition workshops.

Mount Sinai Provides Health Screenings at No Cost.

Twice a month, a Mount Sinai intern or research assistant screens at the Co-op for:

- High Blood Pressure (systolic and diastolic blood pressure)
- High Cholesterol (total cholesterol and high density lipoproteins)
- Obesity (height and weight)

How Does a Focus Group Work?

♦ Focus groups are small groups of people that share their opinions on a particular topic.

♦ Groups of 6-8 East New Yorkers will meet with a trained researcher who will ask the group questions on themes like how they feel about food in their neighborhood, or what they think about the Co-op.

♦ The focus group will be tape-recorded and then typed up word for word. Once the study is complete, the tapes are destroyed. Participants' identities are kept **confidential.** You will need to sign consent forms that say it is ok to use the information you give us in the focus group in our research.

Focus Groups for the coming year are being planned for the Spring of 2008.

To participate, call Susan Filomena at 212-241-5310.

Appendix B3:

Fighting for Healthier Food in East New York

As part of the effort to improve access to healthy food in the neighborhood, ENY-ers have partnered with Mount Sinai School of Medicine to:

- **Open the ENY Food Co-op**
- **Evaluate the health of ENY residents, and their satisfaction with ENY food, through research.**

How can you participate in the research?

- ***"Building Food Justice" Survey Study***: The survey asks participants about their diets, shopping patterns, and feelings about the food selection available in East New York. There are also questions about physical and emotional health. (see panel, *inside, left*.)
- ***Focus Groups***: Last year, four focus groups were held to find out what East New York residents thought about food sold in their neighborhood. Their views became part of a paper, which will be published, that shares what East New Yorkers told us about their experiences finding healthy food in the area. (See panel, *inside, right*.)

How do we use this information?

- We use data from our research to provide information to our funders and to policymakers about the availability of healthy food in ENY.
- We publish the data, and share it with a number of groups who can push for healthier food policies:
  - ~ others researching problems in food access
  - ~ community and non-profit groups, like City Harvest, Just Food, and Hunger Action Network, whose work increases access to healthier foods, and supports small farmers and gardeners in NYC
  - ~ Mayor Bloomberg's Office
  - ~ national health organizations like The American Public Health Association

CONTACT INFORMATION

For information about:

The ENY Food Co-Operative
419 New Lots Avenue
(New Jersey/Vermont Aves)

stop by, or call ***Beverley Love***
at the Co-op (718-676-2721)

Mount Sinai Medical Center health screenings, and "Building Food Justice" surveys or focus groups

contact ***Susan Filomena***
Mount Sinai School of Medicine
(212-241-5310)

Cooking Classes and Nutrition Workshops

contact ***Beverley Love***
at the Co-op (718-676-2721)

Approved by the MSSM Institutional Review Board through 7/31/08 (*GCO #05-0001*)

The East New York Food Co-operative

"Building Food Justice in ENY"

Are healthy, fresh, good quality foods easy to find in East New York?

Do you think that fresh food is more expensive in East New York than in other neighborhoods?

Would you like to belong to a community-owned food store?

EAST NEW YORK ENY FC FOOD CO-OP

Appendix B4:

ENY Focus Group SUMMARY
Food Decision-making
Faith-based Group

November 2, 2008

- When asked what they had eaten for lunch the day before, most of the respondents said that they ate leftovers or food that had been prepared by people in their community (for instance, at a pot luck immediately following a funeral). Of those that said they ate lunch from a restaurant, one participant said it was a local neighborhood place, whereas one participant said his family had eaten at a fast food chain restaurant.

    - Food mentioned:

        - Chicken Soup with potatoes, turnips and carrots (1 mention)
        - Fried Chicken (3 mention)
        - Macaroni and cheese (2 mention)
        - Fried fish (1 mention)
        - White bread (2 mention)
        - McDonald's (Fried Chicken Sandwich) (1 mention)
        - Corn Muffin (1 mention)
        - Juice (1 mention)

- Since the day before had fallen on the weekend, the group was asked how they typically handle lunch during the week when they go outside of the house (if they do). Most of the participants said that they prepare their lunch and bring it with them more often then they eat prepared foods that they purchase while away from home. All of them said they bring their lunch at least some of the time.

    - Those that pack their lunch were asked what they typically pack. The foods mentioned were:

        - Fruit
        - Sandwich
        - Nuts
        - Leftovers

- Most of the participants agreed that if they have to purchase food out in the community for lunch, it is harder to eat healthy. The fast, cheap and accessible foods are less healthy.

- One gentleman said he tries to just grab fruit and nuts from the fruit stand and hold off his hunger until he can get home and prepare a healthy meal for dinner.

- Several participants said that they tended to eat a larger breakfast at home that they could prepare, then have something light for lunch, and eat a larger meal again at home for dinner.

- Several participants said that they recently (in the past year) gave up their microwave at home and at work due to (1) safety/health concerns; and (2) because it changes the flavor of the food and makes bread "rubbery." One woman also said she didn't understand how a microwave could fully "cook" food because it was really only "reheating it."

- The group reacted strongly when asked if they ever eat "those frozen prepared boxed lunches." There was consensus among them when one participant said, *"that is not food."* The following is an exchange among group members:

  Participant 1: *First of all, I think I can speak for us all, but we are from Jamaica…and we don't really consider that sort of food. That is not our style.*

  Group: *[Lots of laughter].*

  Interviewer: *Okay, what is your style?*

  Participant 1: *Our style is to PREPARE food!*

  Participant 3: *We COOK! So we don't really use those [frozen meals].*

  Interviewer: *So what words come to mind when you think of that food?*

  Participant 9: *The first thing that come to mind, um, tasting it, salt. It has too much salt.*

  Participant 6: *I just think it is the "other." [he laughs].*

- All of the participants said they cook themselves on a regular basis. They explained that because they are Jamaican, there cooking is strongly rooted in family tradition.

- However, they talked a lot about how they have changed the way they cook a bit from their tradition. One participant said:

  "Yes, we bake more and we broil more. Our parents, they used to fry more, but we move away from that because it is healthier to bake or to steam. That is a big change. But it is the same sort of preparation, just in the old days they used to fry more, whereas we bake more and broil more and steam more."

  Another participant said:

  "In the older days, like for our parents, there was this like…so they had to depend solely on the upper flame and the pot and so that was one of the reasons why they really had to fry or to…they would steam too…but as we grow up and time changes we get stove with oven and then that is how we begin to…normally, because we wasn't really used to it all that so no one used but for special purposes for baking and stuff. But normally now, as we go on and learn more about nutrition and stuff like that, we bake more now."

- Another woman said she moved away from the tradition of frying foods when she got married and realized that you could cook faster using the other methods, like broiling and baking, without losing too much of the flavor. Still another concurred and said that she can do other things while she is cooking if she doesn't fry it…she can walk away and come back to it when it is done baking, for instance.

- Another difference that was noted about how the participants eat differently from their family tradition had to do with the types of food they eat:

  "We eat different types of food [than our parents/grandparents]. They ate more chicken and beef. Now it is more fish, you know. If you take a census here most people are eating more fish than in the past, less red meat. More vegetables. And the type of rice we use, type of oils we used. Where used to use coconut oil, we now into olive oil, you know, different things. They used to cook the vegetable, we just steam the vegetables. And a lot more fish."

- When asked directly if they thought they ate MORE fruits and vegetables than their parents and grandparents, they said no, but rather that they ate *"more varieties"* of such items than their ancestors had access to in Jamaica. On the other hand, several people said they thought that they do eat more meat than their parents because, in their homeland, meat was a luxury and here it is readily accessible and more affordable.

- There was a large discussion in the group how the food here in the US doesn't taste as good as what they remember back in Jamaica. They have to cook with more ingredients and more seasoning to get flavor into the food. When asked why they thought this was, they pointed to: (1) mass production of meat and crops; (2) freezing of meat; and (3) eating fruits and vegetables *"out of season."*

  "I think now the generation has increased things are prepared mass production and things don't come to perfection like before. You are on the move, on the move, so everything is fast, like fast food. No time to prepare the things the way it is supposed to be, so with all of these things you lose the flavor."

- Most of the participants in the group were women and said they were the primary cook in the family, taking the lead on the shopping and the cooking. The men in the group said that they do share in the cooking responsibilities in their homes.

  - Snapshot of Refrigerator (foods mentioned):

    - Vegetables
    - Milk
    - Butter
    - Eggs
    - Carrots
    - Cabbage
    - Cauliflower
    - Juices
    - Milk
    - Ground turkey
    - Barbecue chicken.
    - Soy milk
    - Waffles

  - Snapshot of Pantry (foods mentioned):

    - Flour
    - Sugar
    - Canned goods
    - Cornmeal
    - Brown sugar
    - Canned Salmon
    - Sardines

    - Canned Black Beans

- When asked how often they stock their pantry and refrigerator, the most common reply was in the range of every 2-3 weeks.

- A couple of the women in the group said they prefer to go shopping more often (a couple of times a week) and pick up a smaller number of items more regularly.

- Suggested strategies from the group for helping people to move toward "healthier eating."

    1. **Providing both information and education**. Don't just tell people to change, but explain to them in clear and simple terms WHY it is important to change. Outline the pros and cons of healthier eating.

    2. **Root the change in their religion by providing biblical context for eating healthier**. One participant said:

        "You can't come into a church and just say, 'well, it is good to eat healthy." They'll say, 'pass me the macaroni and cheese' or the fried chicken…there has to be that spiritual connection, 'God wants you to eat healthy." They'll say, 'oh, this is more than just something I am doing just for me, this is something that God wants me to do.' If there is no biblical reference, they won't change. It has to be the preacher in the church you have to get the minister involved."

    3. **Demonstration.** Give people the opportunity to practice what you are teaching. One participant suggested:

        "Showing us how to do it is a real kicker. Cuz we are all looking for something fast…But if we are able to show that what you do every day, the meals you make, here is how to make it healthier. That would really help to bringing the message across, in addition to whatever else you do, if you show me that I can put zucchini in my bread, or I could use brown rice and make my rice and peas that I do every Sunday, then that will make me make that choice. Then you know to just say, 'well, I am going to do it the same way.' Because also give me the opportunity to taste it prepared already and then I can be okay, I like it I can do it myself."

        Another participant said:

        …when you practice a situation you are better able to go out to the community say, 'look at me, I have changed this, I have changed

that, look what I've done.' So if you educate, teach it, demonstrate it, you are on a roll."

4. **<u>Make the connection to people between eating and health outcomes/disease</u>**:

   "…to me there is a disconnect. For example, I have been to many many funerals. Where you see a young person or a person died of cancer. I mean you know, cancer is just crazy going through our people. And what there is no connection, 'wow, maybe it is what we've been eating that is causing all this, this, you know high rate of cancer you know in our community.' There is that disconnect and so I think that pastors and ministers must become aware of what we are doing in even within what we prepare hear and what is served at church gatherings. We think we are just having a good time when really and truly it is literally killing us. And so, what we did here was to draw that connection."

5. **<u>Cost.</u>** Help people find ways to cook healthier AND save money.

FOCUS GROUPS

Disparities in Food Access:
Inner-city residents describe their local food environments

Journal of Hunger and Environmental Nutrition

Mount Sinai School of Medicine (MSSM) held focus groups with 25 residents of East New York between March and October 2006, and asked them what they thought about the food available in their neighborhood. Here's what we found:

- **The availability of large, full-scale grocery stores and supermarkets is limited**
  - ~ people travel outside of their neighborhoods to shop for groceries, often taking buses, or paying for car service on their return trip
  - ~ people would rather get most things at one store than shop at several places for different items
  - ~ local stores lack the *variety* that residents want

- **The quality of local food is generally poor**
  - ~ particularly produce, which may seem good one day, and go bad quickly
  - ~ meat has also been rotten while still in the grocery store case
  - ~ stores often smell bad upon entering

- **The cost of local food is generally high**
  - ~ people feel that ENY is more expensive than other neighborhoods
  - ~ they notice sales in other neighborhoods' grocery stores that aren't available in ENY
  - ~ sometimes they have to spend grocery funds on transportation

- **There is a distrust of local food store owners**
  - ~ store managers and owners are unresponsive to complaints about quality
  - ~ sales are advertised but the sale price not given or the item not available
  - ~ people feel that store owners and managers are purposefully deceitful in their food packaging and advertising

TELL US WHAT YOU THINK ABOUT THE FOOD IN *YOUR* NEIGHBORHOOD!

~ Have you noticed any changes in food availability in your neighborhood in recent years (and what do you think about the changes)?
~ What makes it easiest for you to maintain a healthy diet?
~ How important is access to healthy food compared with other concerns in your life?
~ Do you have ideas for policy changes or community activity that would improve access to good quality, affordable food in your neighborhood?

Focus groups are being held by MSSM this fall!
Call Susan Filomena at 646-731-0995 or let Pastor Henry know you're interested.

Appendix C:

LENOX ROAD BAPTIST CHURCH

1356 Nostrand Avenue, Brooklyn, NY 11226

Telephone: (718) 941-3359 Fax: (718) 287-0999

Kirkpatrick G. Cohall, D. Min., Ph.D.
Senior Pastor

February 6, 2009

Doctor of Ministry Committee
New York Theological Seminary
475 Riverside Drive
New York NY 10115

Dear Committee,

During the past year, I met with Pastor Francis Henry on several occasions to engage in, and offer my assistance in the development of his leadership and administrative skills as a parish minister. As a student, I found him to be exceptionally eager to learn the theories surrounding leadership and administration especially as it relates to his congregation. Several books were recommended to enhance his training as a pastoral leader. We also had the opportunity to analyze different models of leadership showing their strengths and weaknesses in parish life.

I am confident that he will use his leadership and administrative training to empower and serve his congregation and community. His ability to envision and chart a future of hope for people is clearly seen and demonstrated in his D-Min. project.

I therefore recommend him to you as a person who has developed his gifts for ministry in a holistic way. There is always room for improvement in his leadership skills, but I can say with certainty that he has a solid grasp of the fundamentals in theory and practice in this vital area of congregational life.

Sincerely

Kirkpatrick Cohall PhD
Senior Pastor
Lenox Road Baptist Church

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